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SISTERS OF MERCY: THE WALKING NUNS' SIOUXLAND JOURNEY AND
EXPERIENCES IN NURSING

(1890-1965)

BY

DIANE L. SMITH

A dissertation submitted in partial fulfillment of the requirements for the degree

Doctor of Philosophy

Major in Nursing

South Dakota State University


2015

SISTERS OF MERCY: THE WALKING NUNS' SIOUXLAND JOURNEY AND
EXPERIENCES IN NURSING
(1890-1965)

This dissertation is approved as a credible and independent investigation by a candidate for the Doctor of Philosophy degree and is acceptable for meeting the dissertation requirements for this degree. Acceptance of this dissertation does not imply that the conclusions reached by the candidate are necessarily the conclusions of the major department.

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ABBREVIATIONS

1. Order of Saint Benedict: OSB
2. Religious Sisters of Mercy: RSM
3. Registered Nurse: RN

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ABSTRACT

SISTERS OF MERCY: THE WALKING NUNS' SIOUXLAND JOURNEY AND

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DIANE L. SMITH

2015

Nursing history is like a kaleidoscope, with prisms of time representing the past, present, and future experiences of nursing. The existence of nursing history is unknown until it is written; similar to the shadowed image of a kaleidoscope mirror is the history of the Sisters of Mercy in Siouxland. Uncovered collections, documents, letters, pictorial archives, and oral histories provide a way to examine the work of the Sisters of Mercy in Siouxland in light of the Careful Nursing Model. On December 12, 1831, Catherine McAuley became the Foundress of the Religious Sisters of Mercy Order in Dublin, Ireland. These Sisters of Mercy felt called by God to a life of service to nurse the sick poor as walking nuns which was central to their charism. This same charism fueled the Sisters of Mercy legacy of servant leadership wherever they traveled to bestow the spirit of Mercy. In 1843, the Sisters of Mercy came to the United States and in 1890 were summoned to travel westward on a mission to Sioux City, Iowa, a small but quickly growing frontier town in Siouxland. When circumstances of war, disaster, financial devastation, and disease struck Siouxland, the Sisters of Mercy were directed, out of sense of place and love of God and neighbor, to walk among those who were suffering. The charism of the Sisters of Mercy, service to God through merciful acts, led the walking nuns to follow the Rule and Constitution of their Order through the silver,

golden, and diamond jubilee prisms of time. The Sisters did Mercy work by caring and educating the poor, sick, and dying and practicing careful nursing in Siouxland.

Character formation, inculcation of high ideals, virtues, and correct principles of life were considered more important than the acquisition of professional knowledge and technical skill during the education of the Mercy nurse. The Sisters of Mercy painstaking upbringing of novitiate and nursing students allowed the Sisters to serve God and alleviate human suffering by sending Religious Sisters of Mercy and Mercy nurses out into the world to bestow the spirit of Mercy through the duties of their profession. The evidence of historical nursing research will radiate the full spectrum of colors to the past as prisms of time, illuminating the walking nuns' Siouxland journey and experiences in nursing, exposing greater understanding of professional identity and expansion of nursing science, while giving insight into the past, present, and future of nursing.

Keywords: charism, Careful Nursing Model, historical research design, Religious Sisters of Mercy, virtues, walking nuns

Chapter 1: Introduction

Introduction

Prior to the modern era, scores of religious women throughout the world defined themselves, and their life goals as nurse innovators, through religious organizations and institutions (Nelson, 2001). Catherine McAuley was one of these women. In 1831, Catherine McAuley became the Foundress of the Religious Sisters of Mercy Order in Dublin, Ireland. These women, from the new Institute of Our Lady of Mercy, felt called by God to a life of service. This charism fueled Mother Mary Catherine McAuley and the Sisters of Mercy legacy (Burns, 2001; Tarbox, 1986). Reverend Mother McAuley's deeds and her associations with members of the clergy and medical profession in the early years of ministry greatly influenced the planning and successful operation of Sisters of Mercy services in the United States (Tarbox, 1986).

The Sisters of Mercy worked under the auspices of the Catholic Church (Tarbox, 1986). After the Catholic Emancipation Act of 1829, the church began launching major missionary efforts in the United States. At the invitation of bishops and priests, young Irish nuns immigrated to the United States to establish convents (Hoy, 2006).

The first Sisters of Mercy came to the United States from Ireland in 1843. Immediately, the sisterhood developed schools and hospitals to meet the needs of the growing industrial Pennsylvania landscape. The Sisters of Mercy also ministered care across the frontier in Illinois and Iowa, bringing blessings to the *sick poor* through nursing care and religious education (Burns, 2001; Tarbox, 1986). In 1890, the Sisters of Mercy's journey as walking nuns lead them to the region called Siouxland, which is the

intersection of Iowa, South Dakota, and Nebraska (Nation Master, 2015). Today the Sisters of Mercy are a part of one of this country's first and largest Catholic healthcare systems (Burns, 2009).

Chapter one identifies the purpose of the study, research questions, significance, and definitions of key terms. Additionally, the literature is reviewed for the contributions of scholars on the history of Catherine McAuley and the Sisters of Mercy, and the limitations in the literature are identified.

Chapter two presents the relevant literature identifying the researchable phenomenon—Catherine McAuley and the Sisters of Mercy in Siouxland. The review of literature builds an argument to support the thesis while revealing a summary of the literature limitations. Additionally, this chapter describes the historical research on the Mercy work of Catherine McAuley and the Sisters of Mercy in light of the Careful Nursing Model rooted in the 19th-century Irish nursing system.

Chapter three describes the study's method and procedures for historical research design. The research prisms of time are the walking nuns' Mercy work in Siouxland through silver, golden, and diamond jubilees spanning from 1890-1965. The methods are case study and oral history using the Careful Nursing Model to synthesize and gather archive data and information.

As if looking through a kaleidoscope optical lens, chapter four presents the evidence from the case study archival and oral history data from the 1890-1965 prisms of time. Some of the sources from uncovered evidence were used to interpret the past and build meaning. These archive discoveries were reprinted and affixed.

Chapter five begins with the written summary of the research findings from the chronicle of the prisms of time. The conclusions include the views of nursing history's changing prisms of time and jointly in light of the Careful Nursing Model. The analysis reveals an intricate visualization of the Sisters of Mercy's past, present, and future impact on the community, public health, and nursing.

Purpose of the Study

The purpose of this historical research study is to examine the Sisters of Mercy in Siouxland from 1890-1965 and their impact on the community, public health, and nursing.

Research Questions

The focus of this historical research study is the Sisters of Mercy in Siouxland as religious women in nursing who served prior to the modern era; women who impacted the community, public health, and nursing. The research prisms of time connects the Sisters of Mercy's work in Siouxland through silver (1890-1915), golden (1916-1940), and diamond (1941-1965) jubilees. This study answers the following questions:

- Who were the Sisters of Mercy?
- What was the mission of the Sisters of Mercy?
- How did the sense of place in Siouxland shape the Sisters of Mercy ministries?
- How did the Sisters of Mercy respond to various immigrants, cultures, and the underserved?
- To what extent were the Sisters of Mercy entrepreneurs?
- What were the Sisters of Mercy's financial arrangements?

- What was the relationship of the Sisters of Mercy to the Catholic Church and other sisterhoods?
- How did the Sisters of Mercy contribute to healthcare?
- How did the Sisters of Mercy respond to and contribute to science, the community, and public health?
- How did the Sisters of Mercy contribute to the profession of nursing?

Thesis

The thesis for this historical research is the following: As the result of the Sisters of Mercy's charism as walking nuns, the mission of Mother Mary Catherine McAuley and the Sisters of Mercy was to care and educate the poor, sick, and dying and practice careful nursing in Siouland. The historical research builds an argument to support the thesis with reasoning and evidence.

Significant scholarly work was reviewed for historical content on the Sisters of Mercy. Relevant literature includes Tarbox's research, *The Origins of Nursing by the Sisters of Mercy in the United States, 1843-1910* (1986); Wall's study, *Unlikely Entrepreneurs: Nuns, Nursing, and Hospital Development in the West and Midwest 1865-1915* (2000); Burns' work *Beyond Measure: A Legacy of Mercy-The Sisters of Mercy in Health Care, 1879-1976* (2009); Burns' research, *Active Religious Women on the Iowa Frontier: A Study in Continuity and Discontinuity* (2001); and Butler's work *Across God's Frontiers: Catholic Sisters in the American West, 1850-1920* (2012) as well as other historical literature.

Presented from the literature findings are Mother Mary Catherine McAuley's deeds and associations with members of the clergy and the medical profession in the

early years of ministry through the operation of Sisters of Mercy services in the United States. The research is chronological, beginning with the early years of Catherine McAuley and the Sisters of Mercy in Ireland. Next, the research reviews archival data of the Sisters of Mercy after they immigrated to the United States and settled in Pittsburgh, Pennsylvania. The Sisters of Mercy subsequently moved to Chicago, Illinois; DeWitt, Independence, Davenport, and Dubuque, Iowa; and eventually to Sioux City, Iowa.

Significance of Walking Nuns in Siouxland

The significance of these women has been demonstrated through historical nursing research. Historical nursing research contributes and expands historical work in the field of nursing history and nursing science. Historical research has the opportunity to advance professional nursing by uniting the insights from past experiences into today's practices (Munhall, 2012). Religious women such as the Sisters of Mercy have not received serious consideration in the histories of women and philanthropy and they are seldom included in professional nursing histories (Nelson, 2001). However, their role was significant—the Catholic sisters in the United States with their religious vocation in Catholic hospitals and schools of nursing responded to public health and community diseases and illnesses as nurses (Wall, 2005). Before the end of the 19th-century, Catholic sisters, as nurses, emphasized order and cleanliness. Eventually they became hospital administrators who influenced and reformed American healthcare (Nelson, 2001; Wall, 2011).

Nursing history is like a kaleidoscope, with prisms of time representing the past, present, and future experiences of nursing. The existence of nursing history is unknown until it is written; similar to the shadowed image of a kaleidoscope mirror is the history of

the Sisters of Mercy in Siouxland. Past experiences of nursing provide the light and hue which influence present day professional practices. Historical research sheds light on the past in order to understand how the Sisters of Mercy's Siouxland journey as walking nuns in nursing is part of the kaleidoscope of nursing history.

Many scholars have written about the Sisters of Mercy, but all accounts fail to provide the history of the Sisters of Mercy's Siouxland journey and nursing into the 20th-century (Burns, 2001; Butler, 2012; Tarbox, 1986; Wall, 2000). The majority of historical research on the Sisters of Mercy has been limited significantly to their history prior to the early 1900s. This study examines the Sisters of Mercy's Siouxland journey and nursing from 1890-1965.

Definitions

Amalgamation. In 1929, there was a unification of 39 independent communities of Sisters of Mercy in the United States (Burns, 2009).

Appointment. Each Sister of Mercy received an annual appointment to serve in a defined capacity which could be renewed without limit. Occasionally, a Sister would be asked to transfer to another hospital before her year had expired to help out where needed. Hospital superintendents/administrators received a three-year appointment, renewable one time (Burns, 2009).

Charism. Charism is a theological term defined as “a free gift or favour specially vouchsafed by God; a grace, a talent” (Oxford University Press, 2014, para. 2). The term is used in Greek manuscripts of Biblical books attributed to Saint Paul the Apostle, and it is often translated into Latin as *gift* or *grace* as in the following Biblical passage: “Now there are varieties of gifts but the same spirit: and there are varieties of service but the

same Lord; and there are varieties of gifts working but it is the same God who inspires them all in every one” (Corinthians 12:4-4) (Murray, 2002, p. 132).

Mother General. A title given to the Sister of Mercy elected to the highest governing position in the Sisters of Mercy of the Union post amalgamation; she is assisted by a Council of four elected members (Burns, 2009).

Mother Superior. Also known as Reverend Mother and Mother, Mother Superior is a title accorded to the highest elected position in Sisters of Mercy communities prior to the amalgamation; she is assisted by a Council of four elected members. As the Sister has this position she is given the title during her assignment. The Sister has been known to be called this after her appointment has ended. Within the Sisterhood, the Sisters sometimes choose their preferred title. Depending on audience, each member of the Religious Sisters of Mercy Order is called Sister and/or Sister of Mercy (Burns, 2009; Sisters of Mercy of the Americas, 2014, Box 350-04).

Sanitarium. A term historically used interchangeably with asylum and hospital; currently applied to a specialized hospital for the mentally ill. For this study, sanitarium refers to a hospital (Burns, 2009).

Siouxland. Author Frederick Manfred depicted life on the Great Plains in his fiction and coined Siouxland, a vernacular term for a region centered within a 60-mile radius around Sioux City, Iowa. The area has no official designation but includes much of northwest Iowa, the southeast corner of South Dakota, the northeast corner of Nebraska, and the southwest corner of Minnesota (Absolute Astronomy, 2015; Nation Master, 2015; University of South Dakota, 2015).

Six Per Cent. The term six per cent was used by the Sisters of Mercy for the percentage of each hospital's income that was to be sent to the Province headquarters each month. The money formed a capital pool from which individual hospitals would borrow or receive grants. The amount collected provided for Province needs such as the education of Sisters, care of the elder Sisters, and operational needs of the Province. Prior to Medicare benefits, the Sisters received a budget for food, clothing, travel, and housing from the hospital account. These expenses were accounted for as a group and deducted from the six per cent (Burns, 2009).

Superintendent. A title historically given to the person in charge of a hospital; eventually the title was changed to administrator, then chief executive officer, and occasionally called president (Burns, 2009).

Walking nuns. Sisters of Mercy were characterized as walking nuns (Burns, 2009). First used in Ireland in the early years, the term was not a compliment, but a complaint about the Sisters of Mercy. Unlike other nuns, the Religious Sisters of Mercy (RSM) were not an enclosed religious order. The Sisters of Mercy "were not regarded as 'real nuns' because they chose to walk the streets...to aid the sick and dying, poor families, and poor children in need of an education" (Sullivan, 2012, p. 314).

Works of Mercy. Mother Mary Catherine McAuley felt the community was not the Sisters of Mercy work but God's. The works of Mercy were the principal path pointed out by Jesus Christ for those who desired to follow Him (Sullivan, 2012). In the *Spirit of the Institute*, Mother Mary Catherine McAuley instructed the following:

We ought then have great confidence in God in the discharge of these offices of Mercy, spiritual and corporal, which constitute the business of our lives, and

assure ourselves that God will particularly concur with us to render them efficacious as by His infinite mercy we daily experience and this proceeds as we have said before from the grace belonging to the vocation or grace of the order.
(Cunningham, 1969, pp. 389-390)

Chapter 2: Literature Review and Model

Introduction

Nursing research using the historiography method identified the literature findings of Catherine McAuley as a religious woman in nursing. In the first stage of the historical method design, the historical researcher presents relevant literature identifying the researchable phenomenon—Catherine McAuley and the Sisters of Mercy in Siouxland. Next, this study builds an argument to support the thesis with good reasons and evidence (Lewenson & Herrmann, 2008; Lusk, 1997; Munhall, 2012). Literature is presented to support the thesis on the following themes: Catherine McAuley, Sisters of Mercy, habit, charism, walking nuns, Rule and Constitution, Sisters of Mercy's hospitals, circumstance of disease, United States, Pennsylvania, Illinois, Iowa, and the Sisters of Mercy in Siouxland. The majority of historical research on the Sisters of Mercy is significantly limited to their history prior to the early 1900s. Also, the literature was reviewed for the contributions of scholars on the history of Catherine McAuley and the Sisters of Mercy.

Background

Catherine McAuley. On September 29, 1778 or at the latest 1781, Catherine McAuley was born to James and Eleanor McAuley in a house north of Dublin, Ireland in the townland of Stormanstown (Sullivan, 2012; Tarbox, 1986). She was the daughter of an Irish Catholic carpenter turned merchant who married a fellow contractor's daughter and had a successful career (Savage, 1955). Catherine observed her father bring together poorly instructed children from the district to teach them Christian Doctrine, and saw him give generously to charities for the poor children in their neighborhood (Tarbox, 1986). When Catherine was five, her father died and her family of her mother and two

siblings fell upon hard times. Her mother died in 1798, leaving Catherine impoverished by the age of 20. Catherine, as a young woman, was dependent on charity for her bed and board. She moved between eight different Protestant and Catholic relatives' homes and was surrounded by Protestant influence. After examining her religious beliefs, Catherine chose to follow the faith of her father. She consulted with Father Thomas Betagh, was interviewed by Reverend Troy the Archbishop of Dublin, and was received into the Catholic Church in 1803. That fall, Catherine moved into the Coolock House with the Callaghans, a childless couple who accepted her like a daughter even though they had different religious practices (Savage, 1955; Sullivan, 2012).

Mr. Callaghan was a member of the Protestant Church of Ireland, Mrs. Callaghan was brought up a Quaker, and neither encouraged Catherine to openly practice her Catholic religion. Yet, Catherine would teach about the Bible and lead prayer with the servants. In order to pray at an altar with a crucifix, Catherine used door panels with a cross pattern to be a centering place for them to pray (Tarbox, 1986). Even though the Callaghans disagreed with the Catholic Church, they appeared to honor the freedom of conscience of others and allowed Catherine to lead these services (Sullivan, 2012). For the next 13 years, Catherine was mentored by Mr. Callaghan on topics of business and management (Tarbox, 1986). With the Callaghans' permission, Catherine reached out to the surrounding area to assemble poorly instructed individuals, those who were spiritually ignorant, and destitute children. She would teach Christian doctrine and, with the Callaghan's support, distribute gifts to charities for the poor children as her father had done (Sullivan, 2012).

Catherine cared for the elderly Callaghans until their deaths, at which time the estate was bequeathed to her, and she became the heiress of Coolock House (Sullivan, 2012). Catherine once was asked by Mr. Callaghan:

‘What shall I leave you at my death; will you be satisfied with 1000 pounds?’

Catherine, disturbed at the question told him she ‘would not know what to do with 1000 pounds.’ Callaghan laughed: ‘You would not know what to do with 1000 pounds....well, I know what you would do; you would do a great deal of good with it at all events.’ (Sullivan, 2012, p. 44)

Estimates of the inheritance have ranged from 20,000 to 30,000 pounds (Sullivan, 2012), which would be between 2.38 million and 3.57 million dollars today (Officer & Williamson, 2014).

In 1824, with time and money at her disposal and the encouragement of her friends, Catherine leased a section of land, 100 feet by 175 feet, on the corner of Baggot Street in Dublin for the next 150 years. The large house on the lot would serve as a shelter for homeless servant girls and young women. In addition, the dwelling would serve as a residence for lay women, who would support her endeavor to visit the sick and dying poor (Sullivan, 2012).

On the feast day of Our Lady of Mercy, September 24, 1827, the doors of what became the House of Mercy were opened, and a school was started for the 100s of children who would come. Catherine worked in the house daily, serving at least 200 pupils, while others, such as her nieces Mary and Catherine and Mary’s friend Frances Warde, slowly joined to help her. Before the end of the next decade, after caring for many babies and small children, Catherine became the adoptive mother of her cousin’s

two children and many orphans, all of whom were welcomed at the House on Baggot Street (Sullivan, 2012).

As an expression of her faith and love for Jesus Christ and for His Blessed Mother, Catherine sought the Archbishop's approval to dedicate the House to the Mother of Mercy. Archbishop Murray sent Father Patrick Woods to bring his permission for the dedication and permission to journey outside the walls to visit the sick poor. On the feast of Our Lady of Mercy, September 24, 1828, the institution became known as the House of Mercy (Savage, 1955).

However, many of the local clergy who had been supportive of Catherine McAuley's service, including Archbishop Murray and Father Michael Blake, became concerned with and sternly opposed the practices at the House of Mercy (Sullivan, 2012). Traditionally, the term nun referred to women who were bound to remain enclosed in a convent with solemn lifelong vows (Nelson, 2001). Unlike traditional nuns, these religious women's mode of life included praying together every morning and evening. The women in the home lived simply and dressed for the public in plain black dresses: the standard attire was a grey cloak with a hood or black shawl, and a black bonnet and veil (Sullivan, 2012). These women acted like nuns, dressed like nuns, but were not nuns. In the 19th-century Catholic Church, non-enclosed cloisters were not formally recognized without papal approval, and religious women who nursed were not nuns, but sisters in a community of religious women (Nelson, 2001).

Catherine had no desire for rivalry with religious congregations' founders over serving the sick poor. She felt there were many suffering from sickness and poverty in Dublin, and all could promote the glory of God the Father and be good to the poor. Yet

as evidenced in posted letters and comments made by the clergy, Catherine and her associates were firmly encouraged to decide if their community would be classed as a religious congregation or become secularized (Sullivan, 2012; Tarbox, 1986).

When the new chapel at the House of Mercy was being blessed, on the Octave of the Ascension, June 4, 1829, Catherine did not attend the dedication mass by Archbishop Murray. She elected to be in solitude in the House of Mercy and pray as she contemplated her values. She questioned which principle path was her passage and whether she was called to follow Jesus Christ as a religious woman or as a lay person. Catherine and lay women from the House of Mercy unanimously decided to become a religious order, unconnected to any existing congregations (Healy, 1973, Tarbox, 1986; Sullivan, 2012).

Sisters of Mercy. On the Feast of Our Blessed Mother's Nativity, September 8, 1830, at the age of 52, Catherine entered the convent of the Presentation Sisters in Dublin to begin her training into religious life (Savage, 1955; Sullivan, 2012). Catherine understood that she needed to develop a deeper spiritual intent to uphold her calling to become a nun (Sullivan, 2012). Catherine was accompanied by Anna Maria Doyle, age 30, and Elizabeth Harley, who was in her early 20's (Sullivan, 2012; Tarbox, 1986). During her absence, Catherine's closest associate, Frances Warde was put in charge of the House of Mercy's household affairs (Healy, 1973).

The women's postulancy and noviceship were under the direction of Mother Clare Angela Doyle. She counseled Catherine and was regarded by Catherine to be wise, kind, and considerate during difficult times of discernment. Catherine was also mentored

by Novice Mistress Mother Teresa, and from her spiritual teaching Catherine gained insight on the meaning of values (Savage, 1955).

On the second day of the Octave of the Immaculate Conception, December 9, 1830, the novices were permitted to receive the habit. At this time, they were given the first name of Mary, Mother of Jesus, and a patron saint to which they recited daily prayers for providential guidance (Healy, 1973). Catherine, now Sister Mary Catherine, continued to develop greater understanding, self-awareness, and a desire and commitment to start a new religious congregation (Sullivan, 2012). On December 12, 1831, during mass in the convent chapel, the three women professed their religious vows of a life committed to perpetual poverty, chastity and obedience. Each trusted in the providence of a merciful God and promised to visit the sick poor and offer charitable instruction to poor females according to the form of the Presentation Institute. The founding of the Religious Sisters of Mercy Order (RSM) occurred when they recited the words of the Act of Profession, which included a clause stating the Rule was subject to a new congregation (Savage, 1955; Sullivan, 2012; Tarbox, 1986).

Habit. Immediately after the ceremony, the Sisters of Mercy hastily returned to Baggot Street because nine postulants were waiting to begin their novitiate as Sisters of Mercy and prepare to them to receive the habit (Healy, 1973; Tarbox, 1986). Mother Mary Catherine designed the habit of distinctive dress for the RSM that would be worn for the next 133 years (Healy, 1973; Sisters of Mercy of the Americas, 2014, Box 728-11). The Sisters of Mercy dressed in a religious habit with a long and black pleated dress similar to the dresses they had worn at the House of Mercy. A white coif surrounded their faces, a long black gossamer veil covered their head, and a white lined guimpe

wrapped around their shoulders and chest. The Sisters of Mercy wore around their waist a leather cincture looped through a black horn ring that hung rosary beads with a large crucifix made of ebony and ivory (Sullivan, 2012; Sisters of Mercy of the Americas, 2014, Box 728-11). (see Figure 2.1).

Figure 2.1 Religious Sisters of Mercy Habit



Figure 2.1 Adapted from photograph from the McAuley Center in Farmington Hills, Michigan. Photograph reprinted with permission from Sisters of Mercy, West Midwest Community Archives.

The next day, December 13, 1831, Sister Mary Catherine McAuley was appointed as the first Mother Superior of the new Institute of Our Lady Mercy at the Mercy House in Dublin, Ireland (Sullivan, 2012; Tarbox, 1986). After the Sisters of Mercy professed their vows, they were given a silver ring with an engraving of their choice. Mother Superior Mary Catherine McAuley wore a ring of silver with the words inscribed inside *Ad Majorem Dei Gloriam Fiat Voluntas Tua: To the Greater Glory of God and May Your Will Be Done* (Sullivan, 2012). Approved by the Catholic Church, the Foundress of the

Sisters of Mercy was given a charism to pass on to each Sister, the spirit of Mercy to do Mercy work (Religious Sisters of Mercy, 2015).

Charism. Then and now each sisterhood is defined by their charism and Rule and Constitution established by the foundress of the community to guide the sisters' identity as members. In the Catholic Church there are many religious orders with gifts that differ according to the grace given to them. Not all sisterhoods engaged in nursing, and few began hospitals, but for some, such as Mother Mary Catherine McAuley and the Sisters of Mercy as walking nuns, their work in nursing the sick poor was central to their charism (Nelson, 2001).

Walking nuns. Mother Mary Catherine McAuley found that the Presentation Order Vows for an enclosed lifestyle hindered the work outside the walls of the House of Mercy. At that time religious women could not freely leave the cloister to seek the poor, thus the needy had to come to the cloistered sisters. She professed that the Sisters of Mercy indeed lived in an interior enclosure, and charity was that enclosure. The denial of peace and protection, she argued, brought the Sisters of Mercy closer to those whom they wished to help (Tarbox, 1986).

Reverend Mother McAuley believed that poor people needed to be served beyond cloistered convents; thus, she and her religious congregation of women would not be confined by the Rule of the cloister (Tarbox, 1986). The travels of the Sisters of Mercy even led the walking nuns to provide careful nursing for the sick and wounded soldiers in the Crimean War, where they worked alongside Florence Nightingale (Luddy, 2004; Meehan, 2003). The new Rule and Constitution of the Sisters of Mercy granted greater freedom for the walking nuns' ministry to the poor in homes, hospitals, city fleapit

shacks, dirty slum alleys, thatched huts, and any place people were suffering (Sullivan, 2012).

Rule and Constitution. Sister Superior Mary Catherine, as the Reverend Mother requested to be called, developed the Rule and Constitution of the Sisters of Mercy while preparing the first novitiates (Sullivan, 2012; Tarbox, 1986). For the members of the Religious Sisters of Mercy Order, the Rule addressed the vows of perpetual poverty, chastity, and obedience and guided the instruction and governance on the conduct of their daily lives. In the new Rule and Constitution, she developed a fourth vow of charity (Tarbox, 1986). As true followers of God, the Sisters of Mercy were to daily walk in love as Christ loved, preserving above all things charity and the sincerity of the heart to live and love one another (Sullivan, 2011).

The Sisters of Mercy lived every day in the spirit of Mercy by seeking to unite a life of prayer, contemplation, and service in the name of Christ. Prayer and service flowed together reciprocally. Mother Mary Catherine McAuley understood that the Sisters of Mercy were entering into times where the Sisters would experience “joys and sorrows mingled, one succeeding the other” (Sullivan, 2012, p. 106). She shared with her Sisters that they could find in those moments the love from the Holy Spirit. The Sisters of Mercy were to be ready to respond to the needs of Christ’s Church in any particular age and society in which they lived. The Sisters of Mercy were to find inspiration from the Holy Spirit, respect all of God’s people, and trust with confidence in each other and in all Christians. Others would then learn and witness Christ’s work through the Sisters of Mercy’s daily lives (Healy, 1973).

Mother Mary Catherine McAuley developed the Rule and Constitution, but did not ask for approval from Archbishop Daniel Murray until it had been proven ideal for the Religious Sisters of Mercy Order. The Rule was presented to Archbishop, sent to the Sacred Congregation of Religious in Rome, delivered to the General Propagation of Faith, and received by Pope Gregory XVI on July 20, 1840 (Tarbox, 1986). Letters of approval from the Bishop of the diocese and a petition were sent to the Sacred Council on behalf of the 142 Sisters of Mercy who had devoted themselves to God and His poor (Cunningham, 1969). Even though the Sisters of Mercy did not get the seal of approval as a religious congregation in the beginning, the Rule and Constitution became the model for the RSM carrying them through difficult circumstances which were unbeknownst to Mother Mary Catherine McAuley (Savage, 1955; Tarbox, 1986).

Circumstance of disease. Out of love for God and neighbor, the Sisters of Mercy felt directed for sense of place by the circumstance before them to walk amongst those sick with contagious disease. During the spring of 1832, cholera scourged the greater part of Europe, including Dublin, Ireland. Within three weeks of the outbreak, 161 deaths occurred in this Irish city, and by the first of May, 982 cases of cholera with 360 deaths were reported (Savage, 1955). On May 2nd the board of health received a communication from Mother Mary Catherine McAuley: “The Sisters are most anxious to give all the assistance in their power to the poor cholera sufferers, and had [*sic*] not heard of any hospital on that side of the city” (Sullivan, 2012, p. 116). The board of health suggested setting up a small hospital in every parish. So under the administration of Mother Mary Catherine McAuley, the Depot in Townsend Street was opened to

accommodate 50 patients. There the Sisters of Mercy treated 3,700 cases of cholera (Savage, 1955).

The presence of Mother Mary Catherine McAuley and the Sisters of Mercy proved a considerable assistance to the new hospital's medical staff. During this era, nurses had little training and some were seen as incompetent attendants. At the beginning of the outbreak, a fear-filled rumor spread that the sudden death with rapid discoloration of the corpse was the result of doctors and nurses poisoning the victims.

However, when the patients saw the Sisters of Mercy administer the prescriptions from the physicians, they grew calm (Savage, 1955). Before the epidemic, the people had learned to love the new walking nuns when they visited their homes and now the same Sisters were serving in the hospitals every day, all day, and would remain as long as there was cholera (Healy, 1973). The skilled nursing of the Sisters of Mercy came from the discipline and obedience of their convent training (Nelson, 2001). The head physician stated that the Sisters of Mercy "were the greatest use and that the Hospital could not be carried on without them; for they kept the eight nurses in order, a hard thing to do" (Savage, 1955, p. 151). Mother Mary Catherine McAuley treated the staff with kindness and Mercy even though at times dying patients were neglected, treated with haste, or even forgotten by hospital staff (Savage, 1955). When Mother Catherine McAuley became fearful and exhausted by her many responsibilities, she would remember the dying words of Edward Armstrong that she often shared with others: "Do not put your trust in any human being, but place all your confidence in God" (Sullivan, 2012, p. 77).

During the height of the plague, deaths in Dublin averaged over 600 a day. As reported by the chief physician at the Depot in Townsend Street, Dublin had one of the lowest death rates, at 30% of those who had contracted cholera (Savage, 1955). Remarkably no Sisters of Mercy contracted cholera in 1832 or during the next 16 years (Savage, 1955; Sullivan, 2012).

The Sisters of Mercy gained esteem for their work in visiting and caring for the sick, assisting the homeless women and children, and teaching the poor in Carlow. In 1835, the Sisters were summoned to establish a school for poor children in Kingstown, Ireland, which is located close to the sea. Mother Mary Catherine McAuley also was in need of a place for the Sisters whose health needs required them to leave the congested and polluted air of the city. The circumstance of teaching the poor in the fresh air of the coast would serve them both (Savage, 1955).

As a custom, Mother McAuley accompanied the Sisters of Mercy from the Motherhouse and stayed until the RSM institute was established (Tarbox, 1986). The first independent Sisters of Mercy foundation was established outside of Dublin in Tullamore, Kings County, Ireland in 1835. Within 10 years of the 1831 founding of the RSM Order, the spirit of Mercy would expand to Charleville, Carlow, Cork, Booterstown, Limerick, and Naas, Ireland. From there, it spread to Bermondsey, England; then to Galway, Wexford, Birr, Ireland, and Birmingham, England (Cunningham, 1969).

The Rule of the Congregation was approved by His Holiness Pope Gregory XVI on May 3, 1835 and confirmed by the same Pontiff through an Apostolic brief bearing the date June 6, 1841 (Sisters of Mercy of the Americas, 2014, Box 103-03). Reverend

Murray received the official notification dated July 31, 1841 from Cardinal Frasoni. The good news would not arrive in Ireland until August 20, 1841. Mother Catherine McAuley's life-work had been crowned with approval, making the Sisters of Mercy Institute secure yet she felt weary and was in poor health (Savage, 1955).

During Mother Mary Catherine's last day of life on earth, all Sisters of Mercy were summoned from Kingstown and Booterstown, Ireland. They were to dress in white cloaks and carry lighted tapers. While lying in her infirmary room bed, Mother Mary Catherine McAuley gave each Sister her blessing and parting advice. She also blessed each of the absent superiors and foundations, and prayed that the Sisters of Mercy would live in union and charity until all would meet in a happy eternity (Sullivan, 2012). On November 11, 1841, at the age of 63, Foundress and Reverend Mother Mary Catherine McAuley calmly and quietly passed away from tuberculosis, leaving a legacy of 14 Motherhouses and over 200 Sisters. The walking nuns would continue to grow, creating new frontiers for religious life to care for the sick poor (Cunningham, 1969, Burns, 2009; Sullivan, 2011) (see Figure 2.2).

Figure 2.2 Mother Superior Mary Catherine McAuley



Figure 2.2 There is no portrait of Sister Mary Catherine McAuley during her lifetime.

The frontispiece is a portrait done from memory after her death. The painter and the photographer are unknown (Sullivan, 2011). Adapted from St. Joseph Mercy School of Nursing “St. Joe Tablet Mary Catherine McAuley No. F”. Photograph reprinted with permission from Mercy Medical Center-Sioux City.

Sister Mary Catherine McAuley had inspired other women to join the community of Sisters of Mercy to serve the sick poor, including her friend Frances Warde. On January 23, 1832, Archbishop Murray received Frances at the Chapel of Mercy on Baggot Street. Frances Warde was named and recorded in the convent register as Sister Mary Frances Teresa. Only two months later, the cholera epidemic served as a practical training ground for Sister Mary Frances’s works of Mercy. As a group of four, the Sisters of Mercy would switch off every four hours to care for the victims, while also learning the meaning of personal physical suffering and extreme exhaustion. Even though she was worn and fatigued, Sister Mary Frances knew she was doing God’s work (Healy, 1973).

Sister Mary Frances not only suffered while serving the victims of cholera, but also during the illness of Sister Mary Elizabeth Harley, her dear friend from Baggot Street. Sister Mary Elizabeth suffered from tuberculosis and Sister Mary Frances remained with her to the end. Sister Mary Elizabeth was the first Sister of Mercy to die, passing away on April 15, 1832. After the epidemic subsided, Sister Mary Frances participated in the first annual retreat at Baggot Street before resuming her regular duties.

On January 24, 1833, Sister Mary Frances Teresa became the first Sister of Mercy to profess her vows and the spirit of Mercy passed on by Mother Superior Mary

Catherine McAuley in the first Convent of Mercy (Healy, 1973). In the fullness of time, Sister Mary Frances Teresa's torch reflected the light of their beloved Foundress Mother Mary Cather McAuley's legacy. She would take the spirit of Mercy to the American frontier to bring blessings to the sick poor through nursing care and religious education (Healy, 1973; Herron, 1929).

United States. Between 1843 and 1890, Sisters of Mercy convents in Ireland and England sent 62 women in nine different groups to the Americas to be the founders of the Sisters of Mercy convents (Burns, 2001). In Europe, the Sisters of Mercy had a reputation for their outstanding abilities in education, visitation of the sick, and guardianship of women and children (Tarbox, 1986). The first Sisters of Mercy came to the United States at the request of Irish-born Bishop Michael O'Connor of Pittsburgh, Pennsylvania (Burns, 2001; Burns, 2009). Knowing their own strengths in establishing new foundations and services, the Sisters of Mercy welcomed the challenges of using their abilities in new territories (Tarbox, 1986).

Pennsylvania. At the age of 33, Mother Superior Mary Frances Teresa Warde led the first seven Sisters of Mercy to the New World, leaving Carlow, Ireland on November 4, 1843, and arriving in Pittsburgh, Pennsylvania on December 20, 1843. By the following September, the Sisters of Mercy opened St. Mary's private school, their first academy for girls followed by Mount St. Vincent's Academy in April. Within 18 months the Sisters of Mercy opened a free parochial school, and in September, 1946 they established the foundation of the Benedictine Abbey, the first Archabbey in the United States (Healy, 1973).

Sisters of Mercy hospitals. In Ireland, the Sisters of Mercy primary concern was to establish a hospital to give care to the sick poor. An institution in Dublin was not established until 1861 when the Mater Misericordia Hospital opened to the public. In comparison, the first Mercy Hospital in Pittsburgh, Pennsylvania, welcomed patients on January 1, 1847 (Tarbox, 1986). Unfortunately, caring for the sick in the new Pittsburgh hospital proved hazardous for all but one from this group of Sisters of Mercy in 1848 (McGuinness, 2013). The first American Sister of Mercy to die succumbed to erysipelas (strep infection) complicated by extreme exhaustion and three other Sisters died from the typhoid (Healy, 1973). Clearly the Sisters of Mercy were no strangers to risks as they worked caring for the sick poor.

Illinois. The Sisters of Mercy journeyed to the American West as pioneers and members of the Irish community. As Irish women, the Sisters of Mercy were insiders by religion and nationality (Butler, 2012). Mother Warde had fulfilled her hope for a Mercy Hospital; now she dreamed of the sisterhood caring for the sick poor and instructing children and adults through all 31 states of the Union and the Western Territories. On September 18, 1846, Mother Warde, accompanied by five young sisters, left Pittsburgh for the Wild West wasteland of Chicago, Illinois, where they would live the most primitive life they had yet experienced (Healy, 1973).

The Sisters of Mercy navigated west from Pittsburg by boat on the Ohio River to Beaver, Pennsylvania, where they rode in a stagecoach for 50 miles until they reached Poland, Ohio. After a night's rest, the Sisters of Mercy traveled by rail coach to Cleveland, Ohio, and immediately boarded the SS Oregon to carry them by boat onto Detroit, Michigan. The sisters continued their journey by stagecoach to St. Joseph,

Michigan, and completed their voyage aboard a steamboat bound for Chicago (McGuinness, 2013). In the 1840s, Chicago was a trading post with only a cluster of families around Fort Dearborn (Skerrett, 1997).

On September 23, 1846, the Sisters of Mercy arrived in Chicago and established themselves as the first and only community of nuns living there during that decade (Skerrett, 1997). Three years later, the St. Joseph orphanage for boys and the St. Mary's orphanage for girls opened shortly before the cholera epidemic in the summer of 1849. From 1840 to 1870, Chicago suffered frequent epidemics of cholera, typhoid fever, malaria, and diphtheria. Sisters cared for the victims heroically during the epidemics, especially in 1854 when the cholera epidemic caused a reported 1,430 deaths in the city (Healy, 1973), including those of Mother Agatha O'Brien and three other Sisters of Mercy (Skerrett, 1997).

By 1854 the population of Chicago had grown to 65,000, and by 1857 to 95,000 (Healy, 1973). In April 1861, the Civil War reached Chicago with Lincoln's request for soldiers to defend the Union. The Sisters of Mercy responded by establishing a field hospital in Jefferson City, Illinois (Skerrett, 1997). The walking nuns were known as indomitable women with a reputation for their "educational, charitable, and hospital work"; now they earned yet another title—"angels of the battlefield" (Skerrett, 1997, p. 58).

In the late 1860s, the second wave of Sisters of Mercy from Ireland was recruited, not by priests and bishops, but by the women who came first. The Sisters needed reinforcements to offer the works of Mercy on the new frontier. The Sisters of Mercy continued their legacy in the American West by caring for the orphans, teaching in the

schools, educating the adult immigrants, housing working women and unwed mothers, sheltering the homeless, and nursing the sick poor (Burns, 2001).

Iowa. Until the late 19th-century, the Dubuque Diocese included the entire state of Iowa and was known as the last frontier of the Old Northwest. The Pittsburgh foundation through its Chicago foundation was responsible for the Sisters of Mercy in the Diocese of Dubuque. In 1867, Mother Superior Mary Scholastica Drumm responded to a request by Reverend James Scallon to open a school. Mother Superior Mary Borromeo Johnson and four Sisters of Mercy traveled from Chicago to DeWitt, Iowa, to establish a mission to teach in a parish school (Burns, 2001; Sisters of Mercy of the Americas, 2014, Box 103-2). Two years later Mother Superior Borromeo received requests for the Sisters of Mercy to establish missions at Independence and Davenport. Not having any Sisters of Mercy to send, she returned to Chicago and requested more Sisters from Mother Mary Scholastica. Mother Scholastica consented and Mother Superior Mary deSales Monholland with five Sisters of Mercy set out for Independence, Iowa, and 11 more followed later. The Chicago Sisters of Mercy would also send two Sisters to establish the state's first acute care hospital in Davenport in 1869. Davenport was the new Motherhouse, reverting DeWitt to a branch house status (Sisters of Mercy of the Americas, 2014, Box 103-2).

Responding to a call from the Dubuque Bishop, John Hennessy in 1879, Mother Mary Baptist Martin from the Davenport Sisters of Mercy led a group to establish a hospital in Dubuque, Iowa (Burns, 2001; Burns, 2009). She was accompanied by Sister Mary Agatha Murphy and Sister Mary Euphrasia Butler and joined later by Sister Mary Angela Lawler, Sister Mary Gertrude Hardy, and Sister Mary Veronica Buckley. The

Sisters of Mercy established an independent community as a Motherhouse in Dubuque with Mother Mary Agatha Murphy as the first appointed Superior (Sisters of Mercy of the Americas, 2014, Boxes 103-01, 103-02). The St. Joseph Mercy Hospital in Dubuque was founded in a frame house on January 13, 1879, when the Sisters started an infirmary for the sick and old. This facility was also used to house an orphanage for destitute children and a House of Providence for homeless and unemployed girls. The quarters were without heat, electricity, or running water and therefore not sufficient for the growing community. By July 1880 a new hospital was built by the Sisters of Mercy (Conner, 1982; Sisters of Mercy of the Americas, 2014, Box 103-2).

In 1881, a portion of the Diocese of Dubuque became the Davenport Diocese and was sectioned off for the change of government by the Catholic Church. There were now two different Sisters of Mercy communities. The Dubuque Community developed their Sisters of Mercy Corporation, By-Laws and governing boards based on the Articles of Incorporation of St. Joseph Mercy Hospital of Dubuque. The original document was signed on November 22, 1881 by Sister Mary Baptista Martin, Sister Mary Agatha Murphy, and Sister Mary Angela Lawler. The principle business of the Sisters of Mercy of Dubuque was the following:

The caring for and nursing, clothing and educating the poor, the sick, the blind, the lame, the orphan, and the widow, and such other persons as may require the care and attention bestowed upon them in Hospitals and to educate young and old generally and to do and perform such other works of Mercy and educational training as come [*sic*] within the purview of a Hospital and school, and to that end to own, sell and buy real estate...as will best tend to promote the objects and

purposed of this corporation and to hold trust and use for the benefit of the objects and purposes of this association.... (Sisters of Mercy of the Americas, 2014, pp. 2-3, Box 350-04)

The Sisters of Mercy in Dubuque expanded in the territory. Six years later, in 1887, four miles outside of the city, the Sisters of Mercy of Dubuque opened the St. Joseph Sanitarium, the first west of the Mississippi, for the helpless who were afflicted with mental diseases (Conner, 1982; Sisters of Mercy of the Americas, 2014, Box 103-02).

Sisters of Mercy in Siouxland. Located 300 miles west of Dubuque and nestled against the curve of the Missouri River, Sioux City, Iowa established in 1855 had a steadily growing population (Conner, 1982; Dedicated Doctors, Women Help Build Leading Medical Center, 1964). In 1887, Sioux City was a settlement of 12,000 people where typhoid fever occurred in the lowlands during the summer and autumn months. Here homes used water from wells dug near outhouses in an area where no city sewer or water supply was available (Excellent Hospitals Have Served the Community for Many Years, 1954).

In the rough riverfront town, a local Women's Christian Association was organized in 1875 to promote the community's welfare. In 1878, the organization started relief work, and two years later it initiated district visiting. A cottage hospital called the Samaritan Home was opened by the women in 1885 for aged indigents. During the 1887 typhoid epidemic, Dr. William Jepson, pioneer Sioux City physician and surgeon, made an appeal to the Women's Christian Association group to convert an adequate building into a hospital. This request was denied (Dedicated Doctors, Women Help Build Leading Medical Center, 1964).

Near the turn of the century a shack close to the riverfront, called the Pesthouse served patients with contagious diseases. Its name was whispered and spoken of with horror, yet its doors were kept open. The property of the Pesthouse was acquired by the city in 1897 and the establishment was closed in 1905. In 1899, the Samaritan Hospital had reached capacity and a larger hospital was needed to serve not only the needs of the growing town, but the growing Siouxland territory (Dedicated Doctors, Women Help Build Leading Medical Center, 1964).

At that time, Sioux City and the Siouxland region were preparing to build a hospital, but Dr. William Jepson preferred a sisters' hospital to one politically controlled. He appealed to the Reverend Bishop John Hennessey of Dubuque in an effort to have the Sisters of Mercy establish a hospital in Sioux City. Dr. Jepson, the chief negotiator, convinced Bishop Hennessey to send Sisters of Mercy to visit Sioux City (Middleton & Allen, 1980). According to the *Sioux City Journal*, on October 24, 1899, Mother Mary Agatha Murphy Superior of the Mercy Hospital in Dubuque, Sister Superior Agatha of the boarding school in Cedar Rapids, and Father Maher of Danbury came to look at property for a potential site of a Mercy hospital in Sioux City (A Mercy Hospital, 1889). Nothing definite was accomplished at that time (Dedicated Doctors, Women Help Build Leading Medical Center, 1964).

The following spring a meeting of prominent citizens met for the sole purpose of devising the ways and means to build a facility for caring for the sick and injured of Siouxland (The Gateway to the Northwest, 1911). On April 10, 1890, representatives of the group met in the courthouse to discuss and propose forming a stock company with capital of \$10,000 to finance the hospital. The following day at a second meeting, Dr.

Jepson suggested that the Sisters of Mercy be put in charge of the hospital, and the committee approved (Dedicated Doctors, Women Help Build Leading Medical Center, 1964).

On the same day, a telegram was sent to Mother Mary Agatha Murphy Superior in Dubuque encouraging the Sisters of Mercy to come to Sioux City and establish the hospital (Conner, 1982). The walking nuns were summoned to travel westward to Sioux City, Iowa, the small but quickly growing frontier town in Siouxland. Two days later, after the bishop's approval, Mother Agatha and Sister Mary Baptise, of the hospitals at Dubuque and Davenport, journeyed together to Sioux City on the opposite side of the state (The Gateway to the Northwest, 1911). Leaving Dubuque to set up a hospital in Sioux City was not only a geographical separation from the Motherhouse, but also was a wrenching experience for these Sisters as they would not return to their former religious community. Their journey became a call to what would have seemed, in that day, a distant mission on the opposite side of the world (Middleton & Allen, 1980).

Scholars on the history of Catherine McAuley and the Sisters of Mercy.

Scholars such as Mary Tarbox (1986), Barbra Mann Wall (2000), and Sister Elizabeth Mary Burns (2009) have written accounts of the history of the Sisters of Mercy in the United States. Each described this congregation of women in the Catholic Church as providing merciful charity in the kindly vision of Foundress Mary Catherine McAuley. Each author described the grass roots development of the religious order of the Sisters of Mercy in Ireland and their early role in nursing in the United States. Their accounts recognized religious women as providers of nursing care to communities.

Historians Sister Helen Marie Burns (2001) and Anne Butler (2012) both provided the history of women in the American West and the significant role of Catholic Sisters. Burns (2001) captured the early history of the Sisters of Mercy. Known as the walking nuns, their organization began in the mid-19th-century as a new form of religious life for women: an active religious congregation. Sullivan (2012) discussed that the term walking nuns was not a compliment, but a complaint for the Sisters of Mercy as they were not restricted in their enclosed religious orders. The Sisters of Mercy cared for the sick and dying, provided aid to poor families, and taught poor children (Sullivan, 2012). Butler (2012) described the new foundations laid and the work by nuns in the American West as well as their financial arrangements and relationships with the autocratic bishops of the Catholic Church who influenced their work (Butler, 2012). Butler (2012) argued that the Sisters of Mercy changed the West, and the West changed the Sisters of Mercy.

Nurse historian and author Barbra Mann Wall is respected as a scholar and an expert on the impact Catholic sisters had on modern American healthcare. Wall (2000) identified the significant entrepreneurial opportunities nuns, as nurses, have made within hospitals. Each sisterhood managed budgets, applied and obtained financial support for hospital building construction, rallied for donations, competed for patient patronage, won the respect of the medical community, and began nursing programs (Wall, 2000). Another point Wall (2000) made was that Catholic nursing schools resembled secular ones. Wall mentioned briefly the inability to identify in the records the impact of secularization on the Catholic nursing programs.

Wall (2000) identified that Catholic hospitals were both businesses and charities, inventing practical means to obtain revenue and further the nuns' nursing missions. As

vibrant businesses in the United States, the Catholic institutions were the dominant not-for-profit hospitals.

Whereas Wall (2000) identified nuns' entrepreneurship, this study explores the Sisters of Mercy in Siouxland's not-for-profit business and charity work in order to identify the impact on in that particular region. The implications of Mother Mary Catherine McAuley's legacy through the Sisters of Mercy's mission in Siouxland is explored and compared to nurse historian Tarbox's (1986) findings. Furthermore, as Burns (2001) and Butler (2012) described nuns in the West, this author researched the history of the Sisters of Mercy in Siouxland and their impact on the community, public health, and nursing.

Conclusion

Catherine McAuley was molded by her own experiences of faith, poverty, and charity as a servant to Jesus Christ in the community. On September 8, 1830, Catherine entered the convent of the Presentation Sisters in Dublin to begin her training into religious life for she understood that she needed to develop a deeper spiritual intent to uphold her calling to become a nun (Savage, 1955; Sullivan, 2012). She was permitted to receive the habit on December 9, 1830. Catherine, now Sister Mary Catherine, continued to develop a greater understanding, self-awareness, and a desire and commitment to start a new religious congregation (Sullivan, 2012). On December 12, 1831, Sister Mary Catherine professed her religious vows of a life committed to perpetual poverty, chastity, and obedience. Reciting the words of the Act of Profession that included a clause that stated the Rule was subject to a new congregation constituted the founding of the Religious Sisters of Mercy (RSM) Order (Savage, 1955; Sullivan, 2012; Tarbox, 1986).

On December 13, 1831, Mary Catherine McAuley was appointed the first Mother Superior of the new congregation of the Sisters of Mercy (Sullivan, 2012; Tarbox, 1986).

As a Sister of Mercy, she planned “to serve, with her full life and energy, those in her world who were poor, uneducated, and unable to improve their lives without help, as well as those at the edges of society who were sick and dying” (Sullivan, 2012, p. 92). During the 1832 cholera epidemic in Dublin, the Sisters of Mercy were called to serve the sick and dying. They were considered the greatest asset as administrators of a hospital as they treated staff with kindness and Mercy while providing skilled nursing for patients under their care (Sullivan, 2012).

Not all sisterhoods engaged in nursing, and few began hospitals, but for some, such as Mother Mary Catherine McAuley and the Sisters of Mercy as walking nuns, their work in nursing the sick poor was central to their charism (Nelson, 2001). The travels of the Sisters of Mercy would even lead the walking nuns to provide careful nursing for the sick and wounded soldiers in the Crimean War where they worked alongside Florence Nightingale (Luddy, 2004; Meehan, 2003). The new Rule and Constitution of the Sisters of Mercy granted greater freedom for the walking nuns’ ministry and included the fourth vow of charity (Tarbox, 1986). As true followers of God, the Sisters of Mercy were to daily walk in love as Christ loved, preserving above all things charity and the sincerity of the heart to live and love one another (Sullivan, 2011).

The Sisters of Mercy had a reputation for outstanding abilities in education, visitation of the sick, and guardianship of women and children. Knowing their own strengths in establishing new foundations and services, the Sisters of Mercy welcomed the challenges of using their abilities in new territories (Tarbox, 1986). After arriving in

the American frontier, the Sisters of Mercy journeyed to Pennsylvania, next to Illinois and Iowa; and eventually to Sioux City, Iowa (Burns, 2009; Burns, 2001; Butler, 2012; Conner, 1982; Healy, 1973; McGuiness, 2013; Skerrett, 1997; Tarbox, 1986).

This research supports Wall's deduction that nuns, including the Sisters of Mercy, had the opportunity for entrepreneurship within the hospital. The sisterhood managed budgets, applied for and obtained financial support for hospital construction, rallied for donations, competed for patient patronage, and won the respect of the medical community (Wall, 2000). Yet Burns (2009) illuminated the purpose of the Sisters of Mercy's entrepreneurship stating, "When the Sisters of Mercy first became involved in healthcare it was not because they were experts but because they were compassionate"; they were, however, also known for their skilled nursing (Burns, 2009, p. 1; Nelson, 2001). Dedicated to alleviating suffering, the walking nuns journeyed wherever there was a need, leading them to take on major responsibilities in the community, such as skillfully managing institutions while passing on the legacy of Catherine McCauley (Burns, 2009).

Research Limitations

The review of literature identified the limitation of the publications on Catherine McAuley and the Sisters of Mercy. While scholars recognized the religious women as providers of nursing care to communities, the literature failed to provide modern era details of the Sisters of Mercy in Siouxland and their impact on the community, public health, and nursing.

This historical research study takes a chronological approach of the Sisters of Mercy in Siouxland as religious women in nursing who served prior to the modern era:

women who impacted the community, public health, and nursing. Data collection research is restricted to the Sisters of Mercy in Siouxland. Primary sources of uncovered collections, documents, letters, and pictorial archives were investigated from the Sisters of Mercy of the Americas, Mercy Heritage Center, Belmont, North Carolina; the Sisters of Mercy, West Midwest Community Archives, Omaha, Nebraska; and the following places in Sioux City: Mercy Medical Center-Sioux City, Trinity Heights' St. Joseph Center/Museum, the Sioux City Research Center, and the Sioux City Public Library. The *Sioux City Journal* and March of Dimes historical archives and collections were also reviewed. Additionally, nurse historians were consulted during the interpretation and evaluation of historical data. Ten Sisters of Mercy from Siouxland participated in the study via oral histories. Oral history interviews are primary sources that may include first-hand accounts about Mother Mary Catherine McAuley and the Sisters of Mercy in Siouxland's history and be used with the interpretation of findings. Specific topics of interest were Catherine McAuley and the Sisters of Mercy in Siouxland history; the mission, philosophy, and experiences of the Sisters in Siouxland; and the impact the Sisters had on the community, public health, and nursing.

The Careful Nursing Model

With historiography methods, a conceptual model guides the analysis of the nature of nursing practice from nursing history. The Careful Nursing Model was selected for this study because its roots are in nursing history based on Mother Mary Catherine McAuley and the Sisters of Mercy. The Careful Nursing Model guided the analysis of nursing practices of the Sisters of Mercy in Siouxland. Uncovered collections, documents, letters, pictorial archives, and oral histories provide a way to examine the

work of the Sisters of Mercy in Siouxland in light of the Careful Nursing Model rooted in the 19th-century Irish nursing system (Howell & Prevenier, 2001) (see Figure 2.3; see Appendix A).

Figure 2.3 The Careful Nursing Professional Practice Model

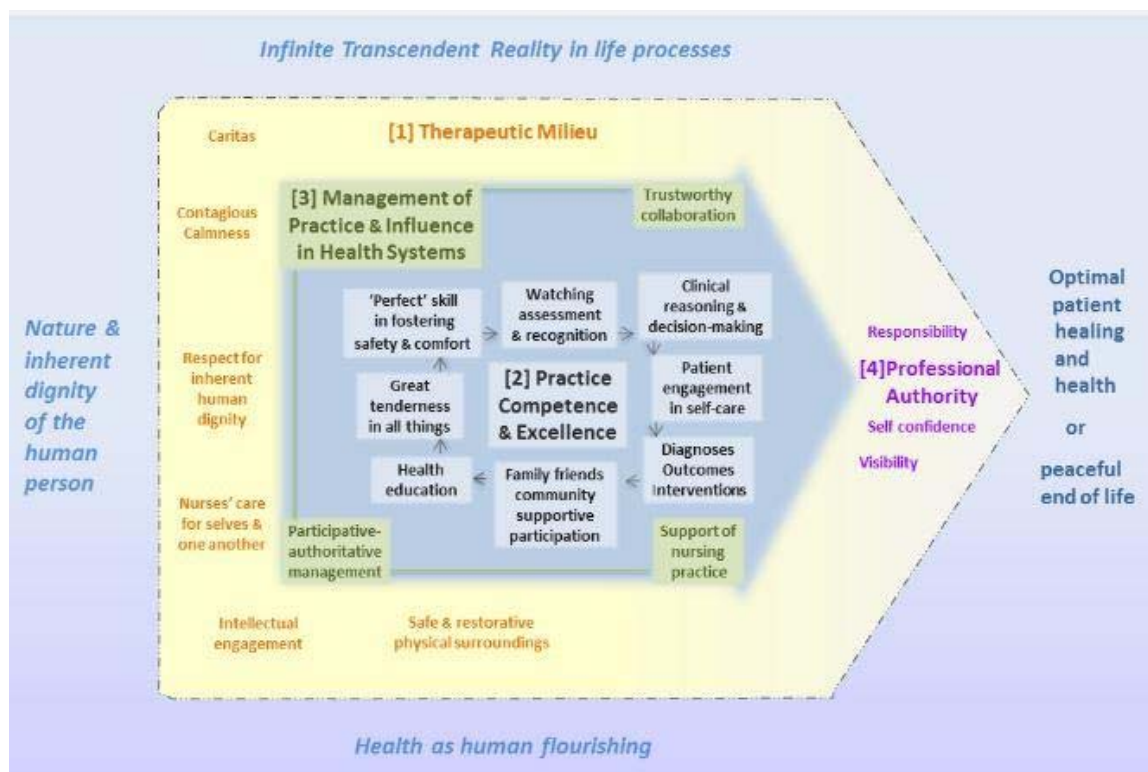


Figure 2.3 Model reprinted with permission from Therese Meehan (Meehan, 2014).

Background. Originally, the Careful Nursing Model was based on the 19th-century Irish skilled nursing practice, so it therefore reflects the type of care provided by the Sisters of Mercy (Meehan, 2003). As a custom in Ireland in the 1820s, religious sisters formed organizations such as the Sisters of Mercy led by Sister Mary Catherine McAuley and Irish Sisters of Charity led by Mary Aikenhead (Meehan, 2012b). The Careful Nursing conceptual framework was formulated by Meehan (2003) from the Sisters of Mercy's history and from the content analysis of primary historical documents.

The framework describes a nursing system developed in Ireland by the Sisters of Mercy, who were privileged and well-educated women in the early 19th-century (Meehan, 2003, 2012a, 2012b).

The term careful nursing first appeared in a letter sent by Mother Vincent Whitty, Superior at Baggot Street, to the London British War Office (Doona, 1995). The Sister of Mercy was responding to the public outcry about the shortage of nurses to care for the many soldiers in the army. British soldiers were dying from wounds and infections in the war between Turkey and Russia on the Crimean Peninsula. On October 18, 1854, Whitty described the crisis with these words:

Attendance on the sick is, as you are aware, is part of the work of our Institute, and sad experience amongst the poor has convinced us that even with the advantages of medical aid, many valuable lives are lost for want of careful nursing. (Doona, 1995, p. 8; Meehan, 2012a, p. 2907)

Content analysis of historical documents was conducted during Meehan's study. Primary sources were documents written by the 19th-century Irish nurses, other nurses, surgeons, army officers, and purveyors. The sources included journals, letters, convent annals, British army records, loose papers, and published books identified through an extensive search of convent and national archives in Ireland and the United Kingdom (Meehan, 2012a).

Meehan investigated primary source historical documentation of the careful nursing system (Meehan, 2003, 2012a, 2012b). During the 1832 cholera epidemic, the Sisters of Mercy worked closely with doctors and apothecaries (pharmacists) in hospitals and developed acute care skills. During the Crimean War (1853-1856), the Sisters of

Mercy developed a system of nursing principles and activities as they gained prestige in nursing. During this war, in 1854, 12 Sisters of Mercy worked alongside Florence Nightingale in the war hospitals (Meehan, 2003). Sister Mary Clare Moore, who trained with Sister Mary Catherine McAuley, was one of Nightingale's greatest nursing and spiritual influences during the Crimean War. According to Meehan (2012a), the Irish nursing system spread internationally as the Sister Nurses accompanied the Irish Diaspora (to destinations such as the United States), founded and operated hospitals, and began schools of nursing in many countries.

During the preliminary analysis for the careful nursing framework, the documents were read and reread in depth by Meehan (2012a). The spiritual influences of the inward and outward life were evident (Meehan, 2012a). The findings showed that the nun nurses did not necessarily emphasize spiritual issues with patients, unless patients desired such conversations, but instead that nun nurses were called to be attentive to their own lives (Meehan, 2003). Content was categorized and classified according to Weber's content analysis methodology and summarized in a conceptual model composed of 10 practice concepts grouped under four headings (Meehan, 2012a). Meehan's data analysis identified the following Careful Nursing Model themes: nursing the sick, injured, and vulnerable in their homes; providing physical, emotional, and spiritual care; identifying prevalent diseases and social conditions; and comforting and consulting (Meehan, 2003). The Careful Nursing Conceptual Model progressed and was incorporated into the 19th-century Irish Nursing System Model (see Figure 2.4).

Figure 2.4 The Careful Nursing Conceptual Model



Figure 2.4 Model reprinted with permission from Therese Meehan (Meehan, 2012a, p. 2907).

The model structure and utility was assessed and critically analyzed by nurses in education and practice in Ireland and the United States. However, the principles in the documents were obscured and at odds with metaparadigm concepts that proposed world views, thus a second more comprehensive content analysis was undertaken through research involving additional historical document's content analysis (Meehan, 2012a).

Additional secondary sources were identified, examined, read, and reread by Meehan (2012a). Following Krippendorff's content analysis methodology, primary sources were analyzed for manifest and latent content. The textural units, each relating to the same central meaning, were identified, hand coded, and sorted into categories and subcategories. Secondary sources provided the background information (Meehan, 2012a).

Seven broad categories emerged from the additional research. Three categories (human person, an infinite transcendent reality, and health) were primary philosophical assumptions underlying nursing practice (Meehan, 2012a). Four categories, with a total of 18 subcategories, were set as attitudes and actions of skilled nursing for public service (see Figure 2.5). The identification of similar categories is a focus to be identified in this study.

Figure 2.5 The 19th-century Irish Nursing System Model

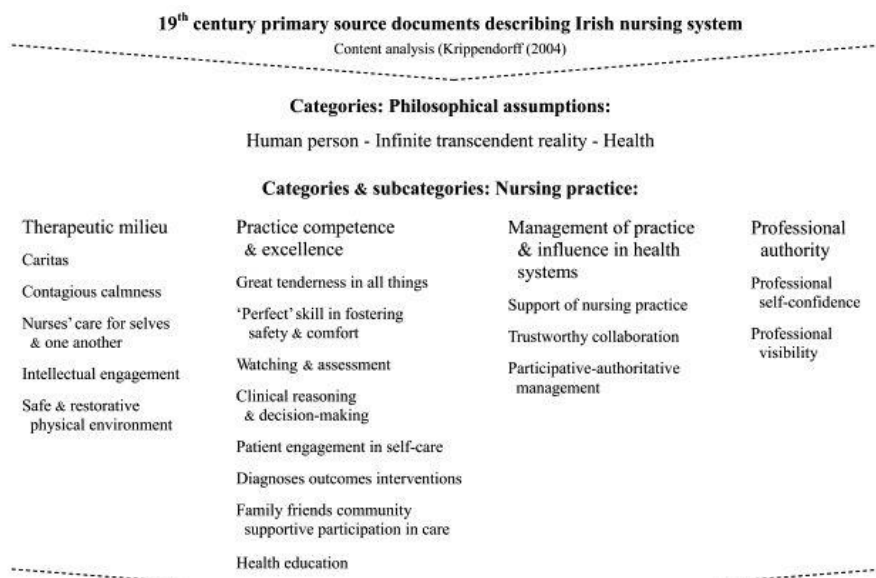


Figure 2.5 Model reprinted with permission from Therese Meehan (Meehan, 2012a, p. 2908).

Nursing knowledge from research has developed the Careful Nursing Model's nursing philosophy and professional practice model with four practice concepts identified and the additional dimension of inherent human dignity, for a total of 19 dimensions in 2014 (Weldon et al., 2014). Currently, nursing evidence has progressed the 19th-century nursing system dimensions into a 21st-century Careful Nursing Philosophy and

Professional Practice Model with four dimensions and 20 practice concepts (Meehan, 2014) (see Figure 2.6).

Figure 2.6 The 21st-century Careful Nursing Philosophy and Professional Practice Model

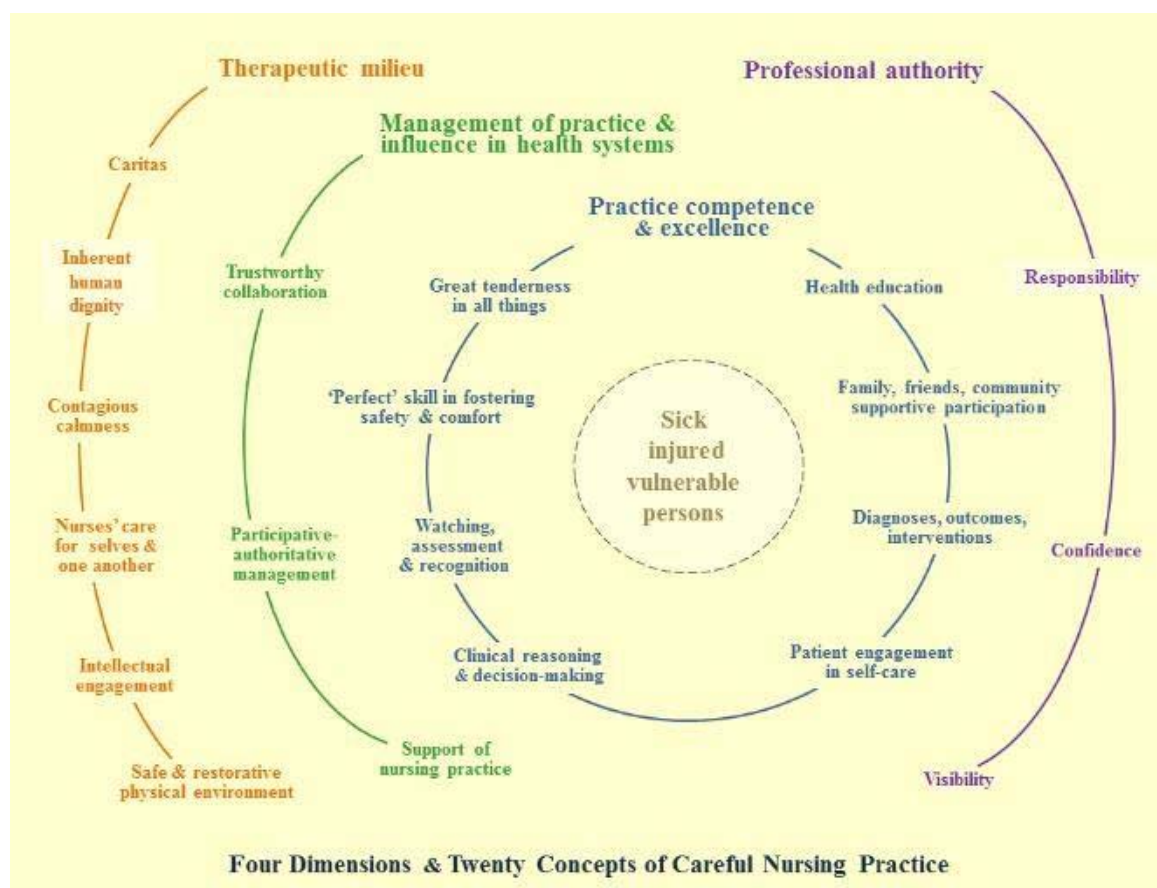


Figure 2.6 Model reprinted with permission from Therese Meehan (Meehan, 2014).

The Careful Nursing Model for faith-based organization has helped guide nurses to provide holistic care and has been recognized in Magnet Recognition Programs as a professional practice model (Gaughan, Middleton, & Patton, 2013; Sanford, 2010). In nursing practice today, such as at Mercy Medical Center-Des Moines, Iowa, the Caring Nursing Professional Practice Model contributes to the strength, quality, and services of the nursing program with patient care. Furthermore, the Careful Nursing Model

encompasses the practices and policies in patient care as well as the values and principles of the health care organization (Gaughan, et al., 2013; J. Weldon, personal communication, April 7, 2014).

Philosophy. In its most developed formulation, the Careful Nursing Model is supported by philosophical assumptions derived from the historical data. The ideas of Thomas Aquinas, who expanded the thinking of Aristotle, were used to explain this philosophy. The philosophy includes beliefs about the human being, an infinite transcendent reality, health, and the use of philosophy in contemporary health systems (Meehan, 2012b).

Human being. Based on Aquinas, the Careful Nursing Model defines the human being as a unitary and rational person who encompasses the psycho-spiritual reality of mind and spirit and the bio-physical reality of body and senses. Attentive nurses in the nurse-patient relationship are predisposed to experience the unitary nature of themselves and patients with a therapeutic bond. With the awareness of the relationship, nurses can attend simultaneously to patients' bio-physical and psycho-spiritual realities. Thus, with practice, nurses can develop the habit of being mindful of their unitary relationship with patients and the realities of clinical care while modulating their focus between each appropriately (Meehan, 2012b).

With careful nursing, the unitary person experiences an inward life of mind, spirit, and communion with an infinite transcendent reality. Simultaneously, the person is in an outward life of the bio-physical body with the capacity for sensory perception. Usually the unitary person is most aware of the outward life of the physical world around them through sensory perception and he or she is less aware of the inward life of mind and

spirit. Inward life comes to the person during times of silence, contemplation, meditation, or prayer, reaching the person's awareness of love, of purposefulness, and of the healing presence of an infinite transcendent reality. Inward life, in the spiritual form, gives the unity of the person as a unique individual during an outward life (Meehan, 2012b).

Furthermore, a person possesses intrinsic order, beauty, dignity, worth, distinctive creative potential, and a meaningful purpose in life. Inherently, human dignity is in every person and not obtained from status or personal achievements. Persons are instilled with goodness; however, if that goodness is not recognized or cultivated, human nature may be turned (Meehan, 2012b).

An infinite transcendent reality. With the Careful Nursing Model, the source of all creation and human persons is an infinite transcendent reality of goodness and healing in the universe. This reality influenced the sisters and Nightingale in nursing practice. According to Aquinas, natural reflection and explanation of sensory experiences support this reality to which everyone gives the name of God. This spiritual reality may be experienced as beauty and goodness during times of silence, contemplation, meditation, prayer, and experiences of splendor. Within the person and through interactions with one other, the infinite transcendent reality is the outmost spiritual love and goodness that draws all persons and invites a response (Meehan, 2012b).

Health. Based on Aquinas' views, the Careful Nursing Model defines health as the unitary person's experience of inherent dignity, harmony, relative autonomy, contentedness, and sense of purpose. Health encompasses the potential ability to experience a personal relationship with an infinite transcendent reality and express this

loving relationship with others to fulfil a perceived purpose in life. Relatively, health is the absence of disease, yet health can be fully experienced in states of chronic illness and disability. Health has the potential to accept circumstances that are unjust but difficult to change. Through psycho-spiritual and bio-physical realities and the persons' world, health can be nurtured (Meehan, 2012b).

Use of the philosophy in contemporary healthcare systems. The Careful Nursing Model philosophy has a spiritual foundation that may be acceptable only in faith-based systems and not in secular-based systems. Meehan (2012b) argues that most healthcare systems employ, welcome, and serve persons of all beliefs. Nurses are even encouraged to share their beliefs and support each other in practice. Meehan (2012b) recognized that nurses with atheistic, humanist, or naturalist beliefs may not acknowledge values and may believe that the values are positive illusions. However, the value of spirituality in nursing has broad consensus in practice. Spiritual values include compassion, patience, peacefulness, loving kindness, recognition of the sacred, and the nursing core value of human dignity (Meehan, 2012b).

The Careful Nursing Professional Practice Model

The Careful Nursing Professional Practice Model is comprised of central themes, concepts, and subcategories. The central theme in careful nursing is the spiritual dimension of human life and the spiritual aspect of nursing. The theme is based on the following assumptions: a Supreme Loving Being exists who gives rise to the universe, permeates all living systems, and is the ultimate source of love, compassion, health, and wholeness. Although the Careful Nursing Model originated within a Christian

worldview, many of the assumptions and principles are shared by non-Christian religions (Meehan, 2003).

The 21st-century Careful Nursing Philosophy and Professional Practice Model's four dimensions and 20 practice concepts. Historical data expressed in contemporary language gave meaning to the names and definitions of each of the concepts. Included are therapeutic milieu dimension with six concepts, practice competence and excellence dimension with eight concepts, management of practice and influence in health systems dimension with three concepts, and professional authority dimension with three concepts (Meehan, 2014).

The Careful Nursing Model is an early stage of development and further nursing research is needed to examine the model's dimensions and concepts (Meehan, 2014). The Careful Nursing Model was selected for this study because its roots are in nursing history based on the Mother Mary Catherine McAuley and the Sisters of Mercy. The Careful Nursing Model guided the analysis of nursing practice of the Sisters of Mercy in Siouxland. The research findings from the 19th and 20th-century nursing system of the Sisters of Mercy in Siouxland were compared to the 19th-century Careful Nursing Conceptual Model, the 19th-century Irish Nursing System Model, the 21st-century Careful Nursing Philosophy, and the 21st-century Careful Nursing Professional Practice Model.

Chapter 3: Method and Procedures

Introduction

Historical research has the opportunity to advance professional nursing by uniting the insights from the past experiences into today's practices (Munhall, 2012). This chapter will describe the historiography method framework and this study's historical research design.

Research Design

The aim of historical research is to form nursing knowledge (Lusk, 1997). This contribution is accomplished by establishing bodies of historical evidence that allow nurses to glean information from the past while illuminating greater understanding of current and future issues in healthcare (Lundy, 2012). Historiography is the primary method of historical research (Lewenson & Herrmann, 2008; Lusk, 1997; Munhall, 2012).

Historiography method framework. Historians use a variety of frameworks in order to recapture the history of nursing, finding meaning from the past to inform present day nursing (Buck, 2008). With historiography methods, no one framework is used as a guide; however, similarities among frameworks exist. Important to note is that the researcher's ideas and ideologies influence the framework and interpretation of the evidence and are a threat for bias, as a result some historians do not support the use of frameworks (Lewenson, 2008, Lundy, 2012; Lusk, 1997). There are four stages for the historiography method that may be completed in any order (Lewenson, 2008).

First stage. In the first stage, the review of the literature begins with the identification of the phenomenon of interest (Lewenson, 2008). The phenomenon,

Catherine McAuley and the Sisters of Mercy as religious women in nursing, was identified based on relevant literature. The frameworks prevent the loss of phenomenon's focus, provide the tools to organize content, and illustrate the direction and purpose of the argument (Lewenson & Herrmann, 2008; Lundy, 2012; Lusk, 1997). This study's historical research design included case study and oral history frameworks.

Case study and oral history frameworks. The case study historical research framework examines individuals, a small group of participants, or a group as a whole as in this study. The case study was the Sisters of Mercy in Siouxland. Oral history is a biographical approach that begins with general standardized questions about the person's demographic information, explains the purpose of an oral history, and maintains an informal tone used during the interview (Lundy, 2012). Oral history participants are selected for their identity and experiences; consequently, the oral history interview is usually not anonymous, nor is the information confidential. Oral history framework may tell not just what the person did, but what they wanted to do, what they believed they were doing, and what they now think they did (Boschma et al., 2008).

The selections of participants for an oral history are a purposeful case-oriented sampling for the experiences under study (Boschma et al., 2008). Purposeful sampling is selected for oral history interviews based on the phenomenon of interest; however other participants may be considered as potential secondary source to understand the accounts during the era (Munhall, 2012). Oral history framework allows the narrator the freedom to express ideas and thoughts that may not have been preserved in a written form (Boschma et al., 2008). The oral interview procedure included the participants' verbal structured interview responses at a location of their choosing.

Second stage. Based on relevant literature, the thesis, research questions, proposal, and theoretical framework are identified to build an argument during the second stage (Lewenson & Herrmann, 2008; Lusk, 1997; Munhall, 2012). With historical research design, the researcher asks questions about the phenomenon throughout the research process to guide the search for evidence, the interpretation of the data, and the narration of the story (Lewenson, 2008). The researcher builds an argument to support the thesis based on relevant literature (Lusk, 1997). In the second stage, the research proposal is synthesized, guides the search for evidence, and reflects on the questions proposed (Lewenson & Herrmann, 2008; Lusk, 1997; Munhall, 2012). This study investigated the Sisters of Mercy in Siouxland who served prior to the modern era from 1890 to 1965; it answers the research questions and identifies the impact of these women on the community, public health, and nursing. From the research findings, the thesis of the study is either accepted or rejected.

Primary sources are identified and examined and additional secondary sources may provide background information. Also at this stage, a theoretical framework may be included to guide the data collection process and interpretation of results as the researcher presents the study proposal (Lewenson & Herrmann, 2008; Lusk, 1997; Munhall, 2012). A conceptual model guides the analysis of the nature of nursing practice.

The Careful Nursing Model rooted in the 19th-century Irish nursing system guided the data collection and analysis of uncovered documents from the work of the Sisters of Mercy in Siouxland. The model guided the analysis of the Sisters of Mercy in Siouxland's nursing practice. Using the Careful Nursing Model, primary sources were identified and examined. Next, the 19th and 20th-century Sister of Mercy's nursing

system concept findings were compared to the 19th-century Irish nursing system and the 21st-century Careful Nursing Professional Practice Model's dimensions and concepts.

Third stage. In the third stage, primary and secondary sources are collected. Primary sources may include first-person accounts of events from items such as original documents, letters, artwork, literature, music, observational notes, journals, photographs, and oral histories. Secondary sources include letters, diaries, and narratives from persons who were not present for the event or personally knew the person of interest (Lewenson & Herrmann, 2008; Lusk, 1997; Munhall, 2012). In this research, the Sisters of Mercy in Siouland primary sources included first-hand accounts of events from oral histories, original documents, letters, observational notes, journals, and photographs. Secondary sources were considered less reliable.

Fourth stage. All historians have varying perspectives or selection bias that influences the study's phenomenon of interest and the manner in which they plan their investigation and compile their primary sources (Lundy, 2012; Presnell, 2007). Therefore in historical research, data sources must be checked for authenticity, a process involving fact checking, evaluation of validity by an external critique of the data, evaluation of reliability by the internal criticism of data, and analysis of evidence from each of the sources (Howell & Prevenier, 2001). During this research, this author collaborated and consulted with historians and nurse experts on Catherine McAuley and the Sisters of Mercy, historical research design, and the Careful Nursing Model.

In the fourth stage, interpretation of meaning occurs during the data analysis stage (Lundy, 2012). With the historical interpretation process, the historiographer compares the sources, establishes evidentiary satisfaction, and identifies the facts that matter

(Howell & Prevenier, 2001). The nurse historian works with the primary sources of evidence and makes decisions about the data even though they may be incomplete, ambiguous, or conflicting (Lewenson, 2008).

The historiographer interprets data using creativity, placing the data within a context, and making connections between the themes identified (Lewenson, 2008). The nurse researcher must present an opinion beyond what is uncovered and is known from data collection. The researcher interprets, forms generalizations when possible, analyzes and gives meaning to missing data, forms conclusions, identifies evidence of reliability and validity of the findings, and prepares to present the findings in a narrative form (Lewenson & Herrmann, 2008; Lundy, 2012; Lusk, 1997).

In this study, the historiographer examined the Sisters of Mercy in Siouxsland primary sources, placing the data within a context to make connections between the themes identified. With the data analysis, the researcher was objective and tried to evaluate the significance to contemporary society.

Text analysis regarding Mother Mary Catherine McAuley and the Sisters of Mercy was done on primary source narratives of oral interviews and documents of nursing practice. For oral interviews, the narrative analysis was treated as a text and reviewed for themes, repetitions, silences, and the narrator's experiences.

With Krippendorff's content analysis methodology, primary sources are analyzed for manifest and latent content. Primary source documents are read and reread in depth. During manifest content analysis, the researcher estimates the meaning of words during latent content analysis. The data findings as well as structure and content analysis of the text are assessed and critically analyzed (Krippendorff, 2009, 2013; Krippendorff &

Bock, 2009). Additional secondary sources provided background information on the findings. Specifically in this research, primary source texts related to nursing practice on the community, public health, and nursing were examined and identified. Finally, the research findings from the 20th-century nursing system, originally developed by Mother Mary Catherine McAuley in the early 19th-century and followed by the research analysis of the Sisters of Mercy in Siouxland study was compared to the 21st-century Careful Nursing Professional Practice Model.

Final stage. In the final stage of the historiography method the researcher presents the data generated, the data analysis, and interpretation of the findings in a written narrative report. The historiographer connects the findings to the present by using and selecting specific quotations from the archival material, as well as through contextual situating of the findings. Evidence, from reliable sources, may be given in defense of the conclusions (Lewenson & Herrmann, 2008; Lusk, 1997; Munhall, 2012).

Rigor and Trustworthiness

Rigor in research may be achieved by establishing auditability, applicability, and the value of truth (Ryan-Nicholls & Will, 2009). With historiography methods, rigor is achieved by gathering information and data in a particular period in history in order to analyze and develop theoretical and holistic conclusions (Lewenson & Herrmann, 2008; Lusk, 1997; Munhall, 2012). For rigor and trustworthiness, multiple sources of the same information will increase the strength of the data, clarify the understanding of the information, and substantiate the validity and reliability of the information (Howell & Prevenier, 2001; Lusk, 1997). During this study, the author collaborated and consulted with historians and nurse experts on Catherine McAuley and the Sisters of Mercy

content, historical research design, and the Careful Nursing Model to ensure trustworthiness of data.

Reliability and Validity

All sources of information are confirmed by external validity and reliability which are traditionally called external and internal criticism for historical research (Lewenson & Herrmann, 2008, Lundy, 2012, Lusk, 1997; Munhall, 2012). Essentially, external criticism questions whether the document is authentic whereas internal criticism judges the reliability of information contained (Lusk, 1997). With this study, statements were included from organizations supporting the authenticity and verification of sources discovered in the archives.

Primary source texts related to the effects of nursing practice on the community, public health, and nursing were examined and identified. The primary source documents were read and reread in depth. Following Krippendorff's content analysis methodology, primary sources were analyzed for manifest and latent content. The data findings as well as structure and content analysis of the text were assessed and critically analyzed (Krippendorff, 2009, 2013; Krippendorff & Bock, 2009). Additional secondary sources provided background information on the findings. Finally, the research findings from the 20th-century nursing system of the Sisters of Mercy in Siouxland were compared to the 21st-century Careful Nursing Professional Practice Model.

Instruments

The instruments used in this research were the researcher and the use of an audio-recorder for oral history through interviews. The researcher recorded the interviews and transcribed verbatim. In addition, a record book was used to log details, record additional

notes regarding the interviews, and notes on uncovered primary sources of archives and artifacts.

Samples

Historical research can be diverse in nature depending on the availability of existing sources or surviving archives (Lundy, 2012). In this research on the Sisters of Mercy in Siouxland, primary sources are the first-hand accounts of events from oral histories, original documents, letters, observational notes, journals, and photographs about Mother Mary Catherine McAuley and the Sisters of Mercy's Siouxland.

Secondary sources were considered less reliable.

For oral histories obtained through interviews, purposeful sampling is case-orientated. Following the oral history framework, purposeful sampling allows a rich and varied representation of experiences of the phenomenon over the time frame (Boschma et al., 2008). The researcher's goal was to include oral history interviews through purposeful sampling of Sisters of Mercy in Siouxland. Ten Sisters of Mercy from Siouxland were requested to participate in the study via oral histories. Potential secondary source participants, such as nurses, health care providers, and historians about Catherine McAuley and the Sisters of Mercy in Siouxland, were considered but not included for oral interviews. The participants were given a cover sheet and asked to complete the human subject form (see Appendixes B, C). Each interview was conducted at a location of the participants choosing.

Study Setting

The study was a collaborative supported research study with Mercy Medical Center in Sioux City, Iowa. In 2015, the hospital is celebrating the post centenary silver

jubilee of the Sisters of Mercy in Siouxland. The region is a gateway to three states: Iowa, South Dakota, and Nebraska (Nation Master, 2015). Sioux City's population was 12,000 in the 1890 when the Sisters of Mercy arrived. In the 1956 census at the 125-year celebration of Sister Mary Catherine McAuley and the Sisters of Mercy, the city's population grew to be Iowa's fourth largest city at 84,000 (United States Census Bureau, 2012).

Study Procedure

The historiography method was used to collect the historical data related to the Sisters of Mercy in Siouxland from 1890 to 1965. To ensure historiography rigor, several doctoral courses have been taken and framework workshops have been attended for historical research design. Collaboration and consultation continued with historians and nurse experts on Catherine McAuley and the Sisters of Mercy content, historical research design, and the Careful Nursing Model. Mercy Medical Center-Sioux City approved the proposed research project (see Appendix D). Therese Meehan gave permission for the Careful Nursing for Professional Practice Model (see Appendix E). After approval by South Dakota State University's (SDSU's) dissertation committee and SDSU's Institutional Review Board (IRB) (see Appendix F), the third stage of historiography method began.

During the third stage, the data from primary and secondary sources was collected and reviewed. Primary sources of uncovered collections, documents, letters, and pictorial archives were investigated from the Sisters of Mercy of the Americas, Mercy Heritage Center, Belmont, North Carolina; the Sisters of Mercy, West Midwest Community Archives, Omaha, Nebraska; and the following places in Sioux City: Mercy Medical

Center-Sioux City, Trinity Heights' St. Joseph Center/Museum, the Sioux City Research Center, and the Sioux City Public Library. The *Sioux City Journal* and March of Dimes historical archives and collections were also reviewed. During the interpretation and evaluation of historical data, nurse historians were consulted.

When selecting this study's oral histories, the historiographer collaborated and consulted with nurse historians and the Sisters of Mercy through purposeful sampling. Ten Sisters of Mercy (Sister Elizabeth Mary Burns, RSM; Sister LuAnn Hannasch, RSM; Sister Anne M. Healy, RSM; Sister Mary Corita Heid, RSM; Sister Mary Gabrielle Hoefer, RSM; Jane Houston; Sister Patrice Klein, RSM; Sister Andrea Sieloff, RSM; Sister Maurita Soukup, RSM; and Sister Therese Villerot, RSM) from Siouxland participated in the study via oral histories. The interviewer participated in structured interviews with each of the 10 participants at a location of their choosing. Each interview included the participant's verbal structured interview responses to the following questions: "Tell me about yourself and your journey as a Sister of Mercy" and "Tell me about Catherine McAuley and the Sisters of Mercy in Siouxland and how they have impacted you and healthcare today."

In the fourth and final stage of the historiography method, the researcher describes the data generated, the data analysis, and interpretation of the findings in a written narrative report connecting the findings and including specific quotations from the archival material, as well as through contextual situating of the findings.

The Careful Nursing Model rooted in the 19th-century Irish nursing system guided the data collection analysis of uncovered published documents of the Sisters of Mercy in Siouxland. As primary sources were identified and examined, the categories and

subcategories based on Meehan's 19th-century Irish nursing system were considered for the 19th-century Sister of Mercy's nursing system categories (Meehan, 2003, 2012a, 2012b). Additional secondary sources were considered for background information. With consultation of nurse historians for the Careful Nursing Model, the nursing system from the 19th-century from the history of the Sisters of Mercy in Siouxland was compared to the 21st-century Careful Nursing philosophy and professional practice model (Meehan, 2003, 2012a, 2012b).

Continual interpretation and evaluation of data was done. The data was evaluated by fact checking, evaluating the validity and reliability of the sources, analyzing the evidence from each source and the meaning of missing data, and forming conclusions. The narrative included answering the proposed research questions, and accepting or rejecting the thesis from the evidence. During the data analysis, the researcher objectively identified the significance to contemporary society. The interpretation of meaning was given in themes of community, public health, and nursing.

The description of historical evidences is written in a narrative format from the research findings. Evidence of the reliability and validity of findings from the data are presented. Collaboration and consultation with historians and nurse experts on Catherine McAuley and the Sisters of Mercy content, historical research design, and the Careful Nursing Model were completed to ensure trustworthiness of data.

Ethical Issues

Ethical issues in the study were addressed before, during, and after the research based on the *Guidelines for the Nurse Historian and Standards of Professional Conduct for Historical Inquiry in Nursing* (Birnbach, 2008). Each of the following principles was

implemented: (a) privacy of the research participants; (b) informed process consent secured as voluntary participants (c) respect of each research participant; and (d) researcher maintains competency in the subject matter of historical nursing research (American Nurses Association, 2001).

Mercy Medical Center-Sioux City approved the proposed research project (see Appendix D). Therese Meehan gave permission for the Careful Nursing for Professional Practice Model (see Appendix E). After approval by the SDSU's dissertation committee, the approval was obtained from SDSU's IRB (see Appendix F), the Sisters of Mercy of the Americas, the Mercy Heritage Center, Belmont, North Carolina (see Appendix G), Sisters of Mercy, West Midwest Community Archives, Omaha, Nebraska (see Appendix H), and the following places in Sioux City: Mercy Medical Center-Sioux City (see Appendix D), Trinity Heights' St. Joseph Center/Museum (see Appendix I), the Sioux City Research Center (see Appendix J), and the Sioux City Public Library (Appendix K). The *Sioux City Journal* (see Appendix L) and March of Dimes (see Appendix M) granted permission to include uncovered archives in this study.

Analysis

In the final stage, this historical research study used archival work and historical analysis for comparing and evaluating data against each other and contrasting explanations. In this study, the historiographer examined Catherine McAuley and the Sisters of Mercy's Siouland primary sources, placing the data within a context to make connections between the themes community, public health, and nursing.

Text analysis regarding Mother Mary Catherine McAuley and the Sisters of Mercy was done on primary source narratives of oral interviews and documents of

nursing practice. For oral interviews, the narrative analysis was treated as a text and reviewed for themes, repetitions, silences, and the narrator's experiences.

A written narrative report was included to describe the findings and interpretations. The analysis includes interpretation of race, class, ethnic, religious, political, and gender issues to enhance historical understanding. The historiographer connects the findings to the present by using and selecting quotations from the archival material, as well as through contextual situating of the findings.

Finally, a statement is written based on the research findings accepting or rejecting the following thesis statement: As the result of the Sisters of Mercy's charism as walking nuns, the mission of the Sisters of Mercy was to care and educate the poor, sick, and dying and practice careful nursing in Siouland. The historical research builds an argument to support the thesis with reasoning and evidence.

Chapter 4: Results

Nursing history is like a kaleidoscope, with prisms of time representing the past, present, and future experiences of nursing. The existence of nursing history is unknown until it is written; similar to the shadowed image of a kaleidoscope mirror is the history of the Sisters of Mercy in Siouxland. Past experiences of nursing provide the light and hue which influence present day professional practices. Historical research sheds light on the past in order to understand how the Sisters of Mercy's Siouxland journey as walking nuns in nursing is part of the kaleidoscope of nursing history. The charism led the Sisters of Mercy to care and educate the poor, sick, and dying and practice careful nursing in Siouxland. The research prisms of time are the walking nuns' Mercy work in Siouxland through silver, golden, and diamond jubilees. If, in the spectrum of color, silver is reverend for its high degree of polish, gold is well-regarded as the finest of its kind, and diamond is renowned for unbreakable clarity; may it not be likewise with the spirit of Mercy, the Sisters of Mercy charism shines in the prisms of time. Fusing each prism of time reflects the Sisters of Mercy's historical impact on the community, public health, and nursing.

The Silver Years (1890-1915)

Dedicated to alleviate human suffering and under the guidance of the Sisters of Mercy, St. Joseph Mercy Hospital in Sioux City, Iowa was a culmination of efforts by a small group of Sisters who came to Siouxland in 1890. In the beginning of the silver era, Siouxland was experiencing an acute shortage of hospital facilities. The Sisters of Mercy of St. Joseph Mercy Hospital planned and opened the first hospital which experienced

rapid expansion, during the first 25 years, while also providing good nursing practices and enhancing their usefulness in the community.

Impact on Siouxland Community and Public Health

The Samaritan Home, founded four years earlier, had provided for the town's basic needs, but the rapid population growth beckoned for a larger hospital; accommodations were urgently needed to serve not only the growing town but those of the surrounding Siouxland territory as well. On October 24, 1889, Mother Mary Agatha Murphy of the Sisters of Mercy of Dubuque, Iowa came to Sioux City. Mother Agatha was accompanied by Sister Agatha, Superior of the boarding school at Cedar Rapids and Father Maher of Danbury, Iowa. Their errand was to look for suitable ground for the probable location of a hospital under the auspices of the Order of the Sisters of Mercy. She was pleased with the city's setting as a possible site and a spiritual foundation was made; however no action was taken until the spring of 1890 (A Mercy Hospital, 1889; In the Service of Humanity 1889-1943, 1943; McCarthy, 1940).

On April 8, 1890, at a meeting of the board of supervisors, member Walter Strange offered a resolution in favor of establishing a new hospital to meet the demands and needs of the increasing population. A second meeting followed on April 10, 1890, at which the project was discussed by the supervisors and representative citizens who favored a new hospital. No one spoke for the Sisters of Mercy at either of these meetings, but it was suggested that a stock company, capitalized at \$10,000 be formed to finance a new hospital for the city. No definite action, however, was taken (McCarthy, 1940; Sisters of Mercy of the Americas, 2014, Box 302-23).

On Friday April 10, 1890, a joint meeting of members of the board of supervisors and the city council was held, at which prominent citizens voiced their views. After others spoke, Dr. William E. Jepson, surgeon, proposed the Sisters of Mercy be put in charge of the new hospital. He stated that the Sisters had been looking for an opening in Sioux City for three years. Jepson had wired the Sisters asking if they would be willing to come to Sioux City and take charge of the new hospital; the Sisters replied in the affirmative and they would be able to be in Sioux City the following Monday to consider the situation. Mother Agatha informed the Sisters, “While it would be gratifying to have the city or county make a donation of either property or money, the hospital did not depend on such a gift” (McCarthy, 1940, p. 7). A Sisters of Mercy hospital was preferred to an institution politically controlled, so a telegram from the council was immediately sent to the Sisters of Mercy of Dubuque, encouraging them to come to Sioux City to establish a new hospital (Dedicated Doctors, Women Help Build Leading Medical Center, 1964; McCarthy, 1940; Sisters of Mercy of the Americas, 2014, Box 302-23).

Sisters of Mercy hospital in Siouxland. Upon arriving in Siouxland on April 14, 1890, Mother Mary Agatha and Sister Mary Baptiste began negotiating the purchase and financing for a hospital. On April 17, 1890, the Sisters closed the purchase of the property owned by John Pierce, for \$12,789. The Rule of their Order did not permit the Sisters of Mercy to be public place, so that day the Sisters were accompanied by Laurence McCarthy, a local businessman and father of Reverend T. J. McCarthy. Pierce had built the house at 28th and Jennings Street in Sioux City for one of his daughters; however, it had never been occupied. The newly established St. Joseph Hospital would comfortably house 35 beds with eight rooms on the second floor, and Drs. Jepson and

Savage agreed with the Sisters the well-lit corner front room would make a model operating room (Sisters of Mercy of the Americas, 2014, Boxes 103-02, 302-23, 302-26).

After the closing, Mother Mary Agatha and Sister Mary Baptiste returned to the Motherhouse and Mother Mary Agatha sent back a small band of Sisters of Mercy to turn the Sioux City house into a hospital. The Rule of their Order did not permit a Sister to travel alone, so the Sisters of Mercy always traveled with a Sister companion and were required to have approval from Mother Superior of the Order. Upon their arrival on May 4, 1890, St. Joseph Hospital was opened to serve the sick poor in Siouxland (Burns, 2009; Father Priest Aided Sisters, 1925; Fifty-Three Years of Steady Growth at St. Joseph's Hospital, 1943; The Gateway to the Northwest, 1911, McCarthy, 1940; Sister of Mercy Hospital, 1890; Sisters of Mercy of the Americas, 2014, Box 302-23) (see Appendix N).

Sister Mary Seraphine McManus was given the appointment and named Superioress of St. Joseph Mercy Hospital and she was joined in her work by Sister Mary Rose O'Connell, Sister Veronica Buckley, Sister Teresa Culligan, Sister Magdalen Mulligan, Sister Julianna Abberton, and Sister Mary Gertrude Powers. As stated in the register of professions, the Sisters of Mercy were from Our Lady of Mercy Convent at the St. Joseph Mercy Hospital in Dubuque; they only expected their board and clothing and nothing else from the religious community. As descendants from the parent Motherhouse in Dublin, the Sisters of Mercy were a community of religious to serve the poor, sick, and ignorant (Sisters of Mercy of the Americas, 2014, Box 302-23).

Even in their beginning in Siouxland, the Sisters of Mercy's work in nursing the sick poor was central to their charism. According to the Sioux City Journal, "They had

come to Sioux City to do good [*sic*] and ask nothing for it-no bonus, no gifts from any one...sacrificing women who are devoting their lives to this work” (St. Joseph Hospital Open, 1890). Ten days later on May 14, 1890, a man from Indiana who had traveled west for work and opportunity was admitted as the first patient stricken by typhoid fever and nursed back to health by Sister Mary Theresa and Sister Mary Seraphine (St. Joseph Mercy Hospital: Serving Siouxland 75 Years, 1965; Sisters of Mercy of the Americas, 2014, Boxes 103-02, 302-23, 302-26).

Word spread on the riverfront about the care given by the Sisters of Mercy and within two months demands for their services grew—making the current building inadequate for the hospital’s needs. The Sioux City Catholic Diocese assigned a priest as director of Catholic hospitals, and the bishop would extend encouragement in every Sisters of Mercy move to make all hospitals larger, better, and more efficient in the service of mankind (Chancellor Here Eight Years, 1925; Interested in Hospitals, 1925).

In response, the Sisters of Mercy expanded by trading their current property for a second Pierce home on a 40-acre tract. The Pierce family had left all their furniture, draperies, carpet, beds with sheets, and even a horse, buggy, and cow. The grounds included shade trees, a garden, a greenhouse, and a custodian’s residence. The Sisters purchased medical supplies needed for the hospital and began making plans for even further expansion for a total investment of \$30,000. Of the purchase price, \$10,000 was paid down and \$5,000 was raised by subscription in Sioux City (Bought a Hospital Site, 1890; Sisters of Mercy of the Americas, 2014, Box 302-23).

On July 15, 1890, the Sisters moved 20 patients from the old hospital to their new 16-room hospital on 21st and Boulevard (now Court) with the assistance of community

members. In the new hospital, the first operation was performed by Dr. Jepson, assisted by Drs. Savage and Beggs on July 18, 1890, on a woman in need of a leg amputation. The doctors were in charge of the medical and surgical treatment of the patients, whereas Sisters of Mercy were responsible for the administration, finances, and nursing care (Brave Sisters Built Hospital, 1925; Bought a Hospital Site, 1890; Fifty-Three Years of Steady Growth at St. Joseph's Hospital, 1943; Middleton & Allen, 1980; Hospital Notice, 1890; St. Joseph Mercy Hospital Serving: Siouxland 75 Years, 1965; Sisters of Mercy of the Americas, 2014, Box 302-23).

On July 19, 1890, the *Sioux City Journal* reported the following:

It is indeed very fortunate for Sioux City that the Sisters have secured this property and will improve it, for there are few organizations that do as much good in the world as the Sisters of Mercy. Like all their hospitals, this will be free to all comers. Any poor person who cannot afford the heavy expense of sickness will be tenderly and skillfully cared for in the Sisters' hospital free of any charge. If he should happen to die and have no friends he will be decently buried at the expense of the Sisters, and no dissecting-room will ever see his bones. (Bought a Hospital Site, para. 4)

On July 20th work began on building a new hospital structure with an expected cost of \$20,000 (Bought a Hospital Site, 1890). A cornerstone was laid on September 7, 1890 for the new three-story brick building next to the new hospital that would specifically serve as a 60-bed hospital; it was formally dedicated on November 18, 1890 (The Sisters of Mercy Hospital, 1890; The Hospital Finished, 1890) (see Appendix O). Father Meagher of Danbury, Iowa gave a sermon in the hospital chapel, and other

services were provided by four Siouxland priests (The Formal Ceremonies at St. Joseph Mercy Hospital, 1890).

Each floor of the new hospital was furnished with a drinking fountain, bathroom, sinks, and closets. For protection against fire, a hose connection was made on each floor. Additionally, various departments were able to communicate with each other by means of a speaking tube (The Sisters of Mercy Hospital, 1890).

The Sisters of Mercy cared for 84 patients during their first year in Siouxland. Those who were nursed included 19 with typhoid fever and others suffering with rheumatism, acute catarrh (rhinitis and bronchitis), consumption (tuberculosis), blood poisoning, erysipelas (strep infection), nervous prostration, cable car injuries, frostbite, and a rattlesnake bite. On May 14, 1891 the anniversary of St. Joseph Mercy Hospital's first patient, the Sisters of Mercy celebrated their first jubilee of serving the sick poor in Siouxland (Fifty-Three Years of Steady Growth at St. Joseph's Hospital, 1943; St. Joseph Mercy Hospital Serving: Siouxland 75 Years, 1965; Sisters of Mercy of the Americas, 2014, Box 302-23).

The Sisters of Mercy were nonsectarian in their Mercy and patients were admitted regardless of nationality or religion; however incurable or contagious diseases were excluded. The hospital was essential an institution for surgery and surgery work, "but we receive patients suffering from all ailments, except insanity, active contagion, pulmonary tuberculosis and chronic invalidism" (Annual Report of St. Joseph's Mercy Hospital, 1918, p. 3). If a request to be hospitalized with the incurable or contagious disease, the request was denied for the safety of the nurse and nursing students. Board and nursing fees ranged from \$6 to \$15 per week. Besides the sick, the weary wanderers (travelers)

were given a bed to rest on until they were ready for the road again. Police casualty cases of those tanked up (inebriated) on poisoned moonshine, wounded from a pair of brass knuckles or injured from a stove poker would be treated at the hospital. Transients silently appeared at the hospital's kitchen door each mealtime needing rest and care. The Sisters of Mercy would do much for the sick poor and never receive a cent from some. If money was not collected according to length of stay or not paid at all, the patients were charged off to charity and the Sisters of Mercy felt they had performed a civic duty (Annual Report of St. Joseph's Mercy Hospital, 1918; Police Patients Seldom Pay for Hospital Care, 1925; St. Joseph Mercy Hospital Serving: Siouxland 75 Years, 1965; Sisters of Mercy of the Americas, 2014, Box 302-23). The Sisters of Mercy eloquently stated the following for their institution:

The hearts of the Sisters of Mercy are filled with sympathy for the unfortunate, for the halt and the lame and the blind, for the destitute and the unfortunate, for God's suffering poor, the nameless, voiceless, unrepresented poor that bear the cross of human affliction unable to help themselves. (Sixtieth Anniversary of Founding of Sioux City, 1909, para. 2)

At the beginning of the silver era, the debt of the new hospital was \$42,000. Siouxland was booming so the public cooperated with the Sisters' work by giving their bounty (extra earnings) when possible (Annual Report of St. Joseph's Mercy Hospital, 1918). Consequently, on March 5, 1892, a charity ball was held and \$2000 was raised. The ball was a "star of the first magnitude" attended by several hundred people "of every creed joined in generous cooperation of a hospital under Catholic control" and was considered a social success (Charity Ball for St. Joseph Hospital, 1892; Middleton &

Allen, 1980; St. Joseph Mercy Hospital Serving: Siouxland 75 Years, 1965; Sisters of Mercy of the Americas, 2014, Box 302-23).

Tragically, the Sioux City financial crash in 1893 interrupted the dream of Sioux City becoming the next great industrial metropolis of the Midwest. This became a time of hardship for the Sisters of Mercy because the hospital income from patients did not even meet the operating expenses even though St. Joseph Mercy Hospital patronages continued to grow. There were no donations and the building debt interest was at seven percent, so the small group of Sisters of Mercy found themselves forced to work long hours of hard labor while the hospital needs continued to grow. On October 13, 1893, the St. Joseph Hospital Association was reorganized as Mercy Hospital Association; its object was to assist the sorely pressed young institution financial situation in those harrowing times (McCarthy, 1940). Sister Aloysius Deluhery was named Mother Superior of St. Joseph Mercy Hospital in Sioux City. On September 9, 1895, to clarify the role of the Sisters of Mercy in the ownership, governance and management of the hospital the Articles of Incorporation were renewed with numerous additions (Burns, 2009; St. Joseph Mercy Hospital: Serving Siouxland 75 Years, 1965; History, 1927; McCarthy, 1940; Sisters of Mercy of the Americas, 2014, Box 302-23, 350-04).

The Sisters rallied through the difficult financial times by allocating funds for only necessary improvements to the building until 1899. Mother Superior Mary Agnes Hanley felt the popularity of the “hospital with people of all creeds had the effect of so crowding it with patients that a new hospital was an absolute necessity in Sioux City” (Dubuque Times, 1899, para 1). So, the Sisters of Mercy tore down the Pierce house on the property and erected another building at the cost of \$75,000 in 1900. The new three-

story hospital was made of pressed brick and cut stone over a basement and had the dimensions of 48 by 160 feet (Sisters of Mercy of the Americas, 2014, Box 302-26) (see Appendix P).

In 1900, Sister Mary Louis McMahon was given the appointment and named Superioress of St. Joseph Mercy Hospital for the next four years (Sisters of the Americas, 2014, Box 302-26). During the day two Sisters of Mercy were Superintendents of each floor and oversaw the work of the nurses in uniform, with only one Sister in charge at night. A staff of surgeons and physicians from the regular profession were in attendance with two house physicians (Sixtieth Anniversary of Founding of Sioux City, 1909).

On May 6, 1900 in a ceremony given by the Catholic Church, Reverend Treacy blessed the new St. Joseph Hospital for the relief of suffering and dedicated in to the honor and glory of God (Dedicatory Service at the New Hospital, 1900; New Hospital Dedicated, 1900). St. Joseph Mercy Hospital ministry to the sick in Siouxland continued to grow, so an addition of 50 by 60 feet was added to the east side in 1902 (see Appendix Q). Bishop of Sioux City, Reverend Garrigan, continued to support the Sisters of Mercy to build and inquired about their spiritual and temporal condition at the time in order to be able to serve their interests more effectively (Sisters of Mercy of the Americas, 2014, Box 302-23) (see Appendix R).

The hospital's capacity was not sufficient to accommodate the number of patients who sought admission, so another large wing was added. In 1911, the addition was connected at the cost of nearly \$100,000 to the east side of the building and the entrance to the hospital was changed from the south to the east side on Court Street (Annual Report of St. Joseph's Mercy Hospital, 1918; The Gateway to the Northwest, 1911) (see

Appendix S). During this construction process, Sister Mary Pius, Mother Superior of Dubuque, placed a tin mustard plaster box in the new cornerstone. Decades later, construction workers accidentally discovered it, along with a letter inside stating:

May our dear Lord bless and protect all who have helped in any way to build this addition. May our Blessed Mother, holy St. Joseph and our Guardian Angel protect and help all who we care for in this building. Keep from it all scandal or destruction of any kind. We place it entirely under the protection of Jesus, Mary and Joseph and earnestly beg of them to help us to pay for it. Lovingly in the Lord Sister Mary Pius. (Mother Mary Pius, personal communication, August 1911; Hospital Cornerstone Yields Some Mementos, 1968; Sisters of Mercy of the Americas, 2014, Box 302-23) (see Appendixes T, U, V)

St. Joseph Mercy Hospital was capable of accommodating 200 patients. On the first floor were the operating rooms, drug room, parlors, reception rooms and private rooms for patients. The second floor included general wards and private rooms, and the third floor had an operating room, general ward, and private rooms for patients. The new wing contained operating rooms, parlors, offices, several waiting rooms and private rooms with wide spacious corridors running through the center of the entire building flanked by rooms on either side. In addition to porches, there was a sun pavilion on each floor providing patients the sunshine without exposure to the Midwest weather. The basement was devoted to the library, dining rooms, an examination room, and the x-ray and laboratory departments (Annual Report of St. Joseph's Mercy Hospital, 1918).

The kitchen was a model of neatness and equipped with dumb waiters to carry the food to each floor's kitchen, furnished with radiator ovens. The dumb waiters and the

elevator were operated by a rope, pulled by hand. The laundry room and boiler house were detached from the main building. The community was reassured that, even though the hospital was a teaching hospital, the laboratory was conducted on a strictly ethical basis. “Patients or specimens referred will be treated courteously and confidentially. The best interests of the recommending physician will be carefully guarded. No work will be received from or reported directly to patients” (Annual Report of St. Joseph’s Mercy Hospital, 1918; p. 9; The Survey of 1927, 1927). The Sioux City College of Medicine, affiliated with Iowa City Medical School under the direction of Dr. William Jepson, in the beginning held clinics for medical students in St. Joseph Mercy Hospital’s amphitheater. The training school for nurses would also hold classes in the round tower that was surmounted by a cross (Sisters of Mercy of the Americas, 2014, Box 302-23) (see Figure 4.7).

Figure 4.7 St. Joseph Mercy Hospital Amphitheater



Figure 4.7 In the early 1900s in the St. Joseph Mercy Hospital amphitheater, doctors assisted by a Sister of Mercy amputated a leg in a clinic for students from the Sioux City

College of Medicine. Photograph reprinted with permission from the Sioux City Research Center. Seats were arranged in circular tiers which rose above each other, and in the center was the operation and demonstration pit (College of Medicine, 1904; Oldest Wing of Hospital to be Torn Down, 1925; Operating rooms in 1965 Look Little Like Surgery Area of Hospital in 1890, 1965).

Patients were brought to the hospital any hour of the day or night and admitted by the staff doctor. Even though the Sisters continued their work of charity for the homeless, poor and sick, the patients were charged a ward rate of \$10 per week, a semiprivate room rate of \$12 per week, a private room rate of \$18 or \$20 per week, and a private room with bath rate of \$30 or \$35 per week. All charges were payable weekly in advance (Annual Report of St. Joseph's Mercy Hospital, 1918).

There were rules for visitors and patients during their time at St. Joseph Mercy Hospital. The visiting days were on Tuesdays and Thursdays for two hours in the morning and two hours in the afternoon by immediate relatives, unless a notice of alarming illness was given allowing non-restricted visits. Visitors were not allowed to give tobacco or food to any patients, and they were asked to observe order while in the hospital. Additionally, not more than two visitors at a time were allowed to be with any patient. Refuse of any kind was not to be thrown into the bath tubs, water closets, nor out the window, but needed to be placed in a proper receptacle. Patients were not allowed access to other wards or private rooms unless by special permission, nor were they allowed to leave the premises without permission of a nurse. Articles of jewelry, money, or valuables were not retained by the patient but deposited with the Sister of Mercy in charge. Patients were required to bring sufficient clothing in order to make frequent

changes and laundry work was done outside of the hospital at the expense of the patient. Patients were told not to question nurses regarding ailments of other patients while nurses were cautioned against answering such questions (Annual Report of St. Joseph's Mercy Hospital, 1918).

The St. Joseph Mercy Hospital was an institution for surgery and surgical work, but it also received patients suffering from all ailments, except insanity, active contagion, pulmonary tuberculosis and chronic invalidism. Patients were allowed to stay long enough for convalescence; the average length of stay was about three weeks. As the result of good nursing practices including promptness in operative cases, maintaining the best institutional environments, effective professional attention, and the adequate supply of wholesome and nutritious food, patients were returned to their jobs in a relatively short period of time. This enabled the institution to receive more patients in a given period of time while enhancing the Sisters of Mercy's usefulness in the community. The Sisters of Mercy managed the St. Joseph Mercy Hospital and spared no effort to secure for patients the best housing, equipment, medical and surgical attendance, supervision, and nursing (Annual Report of St. Joseph's Mercy Hospital, 1918) (see Figures 4.8, 4.9).

Figure 4.8 Sisters of Mercy and Student Nurse Attend to a Young Patient's Care



Figure 4.8. Sister Avitus Koressel, Sister Beatrice Clark and Student Nurse Mary Kreber (class of 1912) attend to a young patient's care. Photograph reprinted with permission from the Trinity Heights' St. Joseph Center/Museum.

Figure 4.9 Student Nurse Reads to Patient



Figure 4.9 Student Nurse Mary Kreber (class of 1912) reads a letter to a patient. Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Circumstances of disasters and disease. Even from the beginning when circumstances of disasters or disease struck Siouxland, the Sisters of Mercy were directed, out of a sense of place and love for God and neighbor, to walk among those who were suffering. The Siouxland territory was burdened with the blow of the Midwest weather, and by flooding and tornadoes.

1892 Floyd River Flood. On May 18, 1892, the Floyd River flooded, leaving death and desolation in its wake, and much relief work was necessary to assist the injured and homeless. The Sisters of Mercy opened their doors to care for 12 patients, allowing them to stay until the end of July. Because of the flooding, diphtheria also scourged the territory. The Sisters of Mercy cared for those inflicted, yet 23 deaths in the city were reported (Sisters of Mercy of the Americas, 2014, Box 302-23; McCarthy, 1940; Thielen, 1965).

1893 Tornado near Pomeroy. Siouxland's walking nuns' love for their neighbor spread out to other regions. On July 6, 1893 100 miles away from Sioux City, a tornado brought destruction to four counties in its 55-mile path of devastation. The tornado claimed 71 lives and left the town of Pomeroy, Iowa in ruin. A number of tent hospitals were set up and nine days later a hospital train brought 23 injured patients to be cared for at the closest hospital, St. Joseph Mercy Hospital (Iowan Describes Tornado that Killed 48 at Pomeroy, 1963; McCarthy, 1940; Thielen, 1965).

1901 Fire and the Sisters of Saint Benedict. Out of love for God and their neighbors, the Sisters of Mercy of Siouxland continued to live out their faith by assisting those who were victim to difficult circumstances, including a group of nuns who lost everything to fire. Mother Mary Gertrude McDermott from the Order of Saint Benedict

(OSB) established St. Gertrude's convent and boarding school with her community nuns in Elkton, South Dakota. The Sisters carried on their work successfully for several years until a fire destroyed their convent. With only five dollars, they packed their very few belongings and headed southeast. Their funds would take them as far as Sioux City in April, 1901 (Middleton & Allen, 1980; Mother Gertrude Founded St. Vincent's Hospital Here in 1907, 1953; Sisters of Mercy of the Americas, 2014, Box 302-26).

Mother Mary Gertrude was aware of the Sisters of Mercy's work from her sister, Sister Mary Vincent McDermott, RSM, who had established the Hammon, Indiana Mercy House. The understanding was that the Benedictine nuns were going to open an orphanage, so the Sisters of Mercy offered not only hospitality and shelter at St. Joseph Mercy Hospital but also supplies and equipment for the Sisters of Saint Benedict work. One month later, Mother Gertrude began negotiating with the archbishop of Dubuque to open an institution. This was not an orphanage as the Sisters of Mercy understood but the beginning of St. Vincent's Hospital a second Catholic hospital. These two sisterhoods continued to share in services given in Siouxland (Middleton & Allen, 1980; Mother Gertrude Founded St. Vincent's Hospital Here in 1907, 1953; Sisters of Mercy of the Americas, 2014, Box 302-26).

Impact on Nursing

Sisters of Mercy. During the first 10 years of the silver era there were 10 Sisters of Mercy from the Motherhouse in Dubuque who traveled to Siouxland to care for the sick poor. The Sisters of Mercy did all the work of caring for the patients at St. Joseph Mercy Hospital until the Nurse Training School was started. On wash day the Sisters arose at two in the morning to finish the laundry before it was time to care for the

patients. Many times, the Sisters kept two wringers going and then hung the clothes, including the Sisters' habits, on clotheslines outside to dry, even during the Midwest cold winters. Besides the daily patient care, the Sisters of Mercy took turns sitting up at nights with patients who needed their constant attention (Reminiscences, 1927; Sisters of Mercy of the Americas, 2014, Boxes 302-23, 302-26).

The well-being and spiritual welfare of the Religious Sisters of Mercy's community of Dubuque, that included the Sioux City Sisters, was a continual and all-absorbing concern of Mother Mary Agatha Murphy. Her personal solicitude for the sick, skill and success with the management of financial affairs of various houses and institutions under her charge, and the cheery and generous hospitality extended to those who visited were but a small portion of her work. Mother Mary Agatha acknowledged that the Sisters did all of the manual work, washing, ironing, scrubbing, cooking, and nursing and went many nights without rest. But, the grand objective of her concern was the spiritual training of the women, and thus she spoke to the Sisters about charity and humility, the garments of beauty and strength (Sisters of Mercy of the Americas, 2014, Box 103-01). With her uplifting spirit, Mother Mary Agatha would share encouraging words such as the following to inspire the Sisters of Mercy:

We must bear all and work while we are young and strong and when we grow old, dear Sister, you and I, and our hospital has been blessed and our labors may be given into other hands, then we walk in the garden together and talk of old times and laugh at the hardships of today. (Sisters of Mercy of the Americas, 2014, Box 103-01)

She was gentle, brave, and kind, and she encouraged the Sisters to work and economize in every way. These times of struggles were not for complaining but rejoicing; the Sisters were happy while they worked and God blessed their efforts (Sisters of Mercy of the Americas, 2014, para. 1, Box 103-01).

Mother Mary Agatha died on March 16, 1894. She had completed her duty and mentored the Sisters of Mercy of Dubuque, including those destined for Siouxland. Each was wearing the mantle of charity and humility with which she had clothed them for their journey. Historically, the Sisters of Mercy were no strangers to harsh conditions under which they worked caring for the sick poor. The Sisters of Mercy in Siouxland would be no exception as some of them were called to the everlasting kingdom at an early age. On March 16, 1894, Sister Mary Francis Cronin, age 32, who had professed three years earlier, would be the first Sister of Mercy to die in Siouxland. She would be followed by Sister Mary Anne Louth who died of consumption (tuberculosis) on December 10, 1896, after arriving only 10 months earlier. After living in Siouxland for two years, Sister Mary Boniface Hogan, 29, died April 27, 1897; (see Appendix W). She was interred alongside the others on the St. Joseph Mercy Hospital property (Sisters of Mercy of the Americas, 2014, Boxes 103-02, 202, 302-23, 302-26).

Sister Mary Agnes Hanley succeeded Mother Mary Agatha in 1894 and alternates with each other after 1987 as Mother Superior of the Dubuque community in 1903, 1906, 1912, and 1915 with Sister Mary Pius Hogan in 1900 and 1909. Mother Superior Mary Agnes Hanley would travel from Dubuque to Sioux City to visit the St. Joseph Mercy Hospital, the training school for nursing, and the Sisters of Mercy, all a part of the Sisters

of Mercy Dubuque community (Sisters of Mercy of the Americas, 2014, Box 103-02) (see Figure 4.17; see Appendix X).

Mother Mary Agnes entered the Sisters of Mercy's community in August 15, 1885 and professed her perpetual vows May 29, 1888. For the next 30 years she would work in offices of administration as well as open 10 hospitals and institutions in Iowa and Michigan, all while serving six terms as Superior or otherwise as Assistant, Bursar, and Mistress of Novices. According to Sister Mary Inez Hanley, a niece of Mother Mary Agnes who worked in Sioux City in 1936, Mother Mary Agnes' charm laid in the Christ-like charity which dominated her life. She was also known on occasion to enjoy a smoke. Her spirituality was deep; she taught by example, not by precept (Sisters of Mercy of the Americas, 2014, Box 103-02). Mother Mary Agnes would inspire other Sisters of Mercy as written to her on the anniversary of her Feast Day of Saint Agnes:

But in this daily and arduous [*sic*] struggle we must have a brave leader, a commander, and counsellor. One to whom we can go to decide for us the best course to pursue in all a model after which we can shape our careers. And today, dear Reverend Mother with sincere and devoted hearts we can truly say, that in you we have this single arms of with all those virtues necessary as a shield in the combat... 'Duty well done' and so amid the wearisome toils of the day, by patiently bearing whatever trials they may bring, by doing kind and charitable acts whenever we can we may be adding gems to our crown.... Novices and Postulants. (Sister Mary Agnes, personal communication, January 21, 1912; Sisters of Mercy of the Americas, 2014, Box 103-02) (see Appendixes Y, Z)

Mother Mary Pius was closely associated with Mother Mary Agnes. She entered the Sisters of Mercy's community in May 16, 1886 and professed her perpetual vows in August 5, 1889. According to Sister Mary Etheldreda Collins, her niece who worked in Sioux City in 1963 and from 1966 to 1968, Mother Mary Pius was very humble, patient, prompt, and always present at religious exercises. She sometimes danced jigs at recreation and enjoyed a big garden. She was instrumental in developing Mercy Hospitals and institutions during her terms, including St. Joseph Mercy Hospital in Sioux City. Before the expansion of building a boiler-room at the hospital, Sister Mary Boniface Hogan's remains, along with other Sisters of Mercy's remains, were transferred to the Mt. Olivet Cemetery in Dubuque. Sister Mary Boniface was Mother Superior Mary Pius Hogan's younger sister, and this transfer from Siouxland to Dubuque was one of her most crushing life events (Sisters of Mercy of the Americas, 2014, Boxes 103-01, 202).

After a life of heroic and wondrous acts, Mother Mary Agnes and Mother Mary Pius would leave this world wearing their unfading crown of glory, covered with gems earned from duty well done and for their sacrifices of life for their faith as contemplated by the RSM. Mother Mary Pius passed away at the age of 61 on March 3, 1933. Mother Agnes died of typhoid fever at the age of 63 on October 14, 1965. The Sisters were confident that Mother Mary Agatha would greet them, and that they would walk in the holy garden together forever (Sisters of Mercy of the Americas, 2014, Boxes 103-01, 202).

Mother Mary Agatha, Mother Mary Agnes, and Mother Mary Pius, like the majority of the Sisters in the community, were nurses at heart, in fact their consuming

care was for the welfare of the sick and the assurance of the best service to those being served in the Mercy Hospitals. According to the management, St. Joseph Mercy Hospital “will spare no effort to secure for the those who entrust themselves to it for care the best housing, the best equipment, the best medical and surgical attendance, the best nursing and the best supervision” (Annual Report of St. Joseph’s Mercy Hospital, 1918, p. 3).

The Sisters of Mercy saw that there was a need in Siouxland for their work of Mercy, and they continued to try to fulfill the mission to which they had dedicated their lives. The *Sioux City Journal* reported the following:

Every sick person brought to the hospital will be received as long as there is room and will be taken care of whether he has money or not. One physician and one surgeon from the staff of 15 will be detailed for a specified time, one or two months, to visit the hospital daily and treat charity patients. Every physician in the city is invited to send patients to the hospital, where they will be under the treatment of their own physician if they desire, and will receive the most careful and experienced nursing, for which they may pay as they can afford. (St. Joseph Hospital Open, 1890, para. 6-9).

Even with all the responsibility of providing the entire care of the patients, the Sisters of Mercy decided to offer training for nurses and did not waver their decision (History, 1927; Sister of Mercy Hospital, 1890; Sisters of Mercy of the Americas, 2014, Boxes 103-02, 302-23, 302-26; St. Joseph Hospital Open, 1890).

Training school for nurses. More nurses were needed everywhere, and it was considered only logical that young women would receive the best knowledge in the art of nursing at the Sisters of Mercy’s hospital (History, 1927). The Sisters of Mercy wanted

to serve God and alleviate human suffering by sending nurses out into the world to bestow the spirit of Mercy through the duties of their profession (Sisters of Mercy of the Americas, 2014, Box 103-02). Great women like Catherine McAuley, Florence Nightingale and Clara Barton started a reaction. They proved themselves to be an inspiration to others by their self-sacrifice and sincere desire to uplift. Nursing was now recognized as a profession that called for a high intellect, willing hands, and a compassionate heart.

The St. Joseph Mercy School of Nursing reported the following:

There is no longer is a prejudice against nurses. Instead, they are honored and respected for their labors in hospitals, in the slums of the big cities, on the raging battle fields, and off in foreign countries among heathen tribes. It is impossible to estimate the good being done by nurses today, but by looking into the future we can see that each golden opportunity is opening wider and wider. (The Nursing Profession, 1927, p. 61)

The words of great women such as nurse Florence Nightingale were shared to inspire nurses in training in Siouxland and recited at commencement as a reminder to live out these ideals.

Nursing is an art, and if it is to be made an art, it requires as exclusive devotion, as hard a preparation as any painter's or sculptor's work; for what is the having to do with dead canvas or cold marble, compared with to do with the living body—the temple of God's Spirit. It is one of the Fine Arts; I had almost said it is the finest of the Fine Arts. (Nightingale, 1927, p. 85; St. Joseph Mercy College of Nursing, 1941)

When the nursing school was established in May 1900, there were 11 Sisters of Mercy educating the nurses in training. Candidates for admission were required to have at least one year of high school education, to be in good health, and between 19 and 30 years of age. A formal application, including answering to essay questions, was required for admittance and reviewed by Sister of Mercy Superioress of the hospital or Superintendent of the training school (Annual Report of St. Joseph's Mercy Hospital, 1918).

From 1900 to 1907 and under the leadership of the Sisters of Mercy, a two-year program was offered covering both practical and theoretical work. The students were instructed by the Sisters and doctors through a series of lectures on various nursing and medical topics. The course of training was open to all women of sufficient education, age, courage, and perseverance to enable her to complete the course and thus through nursing become a service to humanity—the responsibility that deals with life and death. In the first year, the student was taught the fundamentals principles of nursing ethics, including an explanation of the rules which govern hospital life. She was informed regarding her relation to different departments and how to adjust herself to her new environments. The nurse in training during her entire course was taught to bear in mind the essentials of character, truthfulness, obedience, responsibility, self-control, judgment, accuracy, dignity, courtesy, tact, sympathy, and respect for patients. The first nine trained nursing students graduated on July 26, 1902; three were Sisters of Mercy (Conner, 1982; The Survey of 1927, 1927).

The entire practical training was given by the Superintendent of the Training School and the majority of the lectures were provided by the members of the hospital

staff, house physicians, hospital superintendent, and other invited lecturers. All instructions and lectures were free to the members of the school. The young women paid no fee for their training. If a student remained in the nurse training school, she would receive a small monthly allowance to help her pay for uniforms and text books during the period of training (Annual Report of St. Joseph's Mercy Hospital, 1918; History, 1927).

In 1927, the St. Joseph Mercy School Alumni reported the following:

The young women had quarters in the basement and top story, and though living comforts were not as numerous as at present, the group was happy in its environment and labored incessantly for the welfare of humanity. (History, 1927, p. 57)

In 1908, the program was extended to three years and courses were offered to young women possessing the necessary qualifications for the noble, self-sacrificing and delicate duty of caring for the sick in an intelligent manner. Theoretical and practical instruction courses were scheduled yearly in the spring and fall for a systematic training. The schedule covered three years of training with the first three months being a preparatory period. The object was to prepare the student to enter upon the duties of a nurse properly equipped both physically and technically. The student was considered on trial or probation during this time; unless she showed a general fitness for nursing, good health, and the ability to keep up with class instruction, she would not be allowed to continue the course of training. The school reserved the privilege of dismissing a pupil at any period of her training for misconduct, inefficiency, or neglect of duty (Annual Report of St. Joseph's Mercy Hospital, 1918).

The nurses in training wore specific uniforms at certain points of their training. Blue uniforms were worn by probationer students. From 1900 to 1907, nursing students wore a ruche crinoline cap. A black trim was added to this cap in 1909, and students additionally wore a small white bib covering a striped uniform. In 1910, the cap became pointed and became flattened in 1912 (History, 1927).

Great pains were taken by the Sisters of Mercy to imbue the students with a thorough appreciation of their noble calling and its heavy responsibilities; teaching students to conduct themselves at all times in a most conscientious and becoming manner towards patients and doctors. The demeanor of a nurse in training should be characterized by an unfailing hospitality and courtesy to all (Annual Report of St. Joseph's Mercy Hospital, 1918).

The Sisters of Mercy would live by example to be smart, efficient, and hard working for the nursing students. The Sisters brewed herbs for their own medicines for patients and taught this skill to their nurses in training, because every dollar saved went against the debt assumed (Sisters of Mercy of the Americas, 2014, Box 103-01) (see Figure 4.10).

Figure 4.10 Student Nurse Prepares Medicine for Patient



Figure 4.10 St. Joseph School of Nursing student nurse Christine Hendrickson (class of 1907) prepares medicine for a patient. Photograph reprinted with permission from the Trinity Heights' St. Joseph Center/Museum.

In 1982, at the age of 99, Theresa Shanahan, class of 1910, recalled her nursing experiences as a student nurse:

My first day was spent answering patient lights, helping with the trays and cleaning the hall floor and room. No janitors existed in hospitals. One Sister carried a big bunch of keys to light the hospital's gas jets. Once I got a case of pink eye from a patient and was admitted to the hospital. The first night I was there, the nurse was so busy I almost didn't get supper! The first year was hard as I thought I was the dullest nurse...in my class. I had night duty five weeks, then day duty, and a special bed case. I'd work two to three weeks on special, then get one day off after the patient recovered. In my first year of nights, I had to leave my floor at 6 a.m. and knock on the doors of every nurse as well as those of the kitchen and laundry help to get them to get up. I took my obstetrical training at night while working in surgery. If a patient was ready to deliver at night, we were called to get up and assist, and then be ready at 7 a.m. to take our work in surgery again.

We all sat with our hands folded while our instructor lectured to us. It seemed like nursing was terrible hard in those days or the patient was sicker. We didn't have the equipment, methods or medication then like we have today. The Murphy Drip-one tablespoon salt to one quart water was given to every patient who couldn't take nourishment. I was put in charge of the dressing room. I had

to make all the dressings, green soap balsam, iodefoam gauze and dress all the surgical patients on the floor. Balsam was used on almost all dressings. In fact, one doctor who used it so much was nicknamed ‘Old Balsam.’ Our tray consisted of two pans-a small one contained sterile water, the other boric solution and some dressings. The nurse went from floor to floor. She wore gloves and carried a wire basket lined with paper. There was a long bandage string on her shoulder to carry the basket for soiled and contaminated dressings. Patients didn’t use the hospital then like they do now for in 1908 the patient was almost dead when he or she arrived at the hospital. (Conner, 1982, pp. 16-17) (see Figure 4.11)

Figure 4.11 Nursing Student Theresa Shanahan Class of 1910



Figure 4.11 Theresa Shanahan entered St. Joseph Mercy School of Nursing in 1907 and graduated in 1910. Photograph reprinted with permission from the Trinity Heights’ St. Joseph Center/Museum.

The Sisters of Mercy recognized and appreciated the generous support of the surgeons and physicians of the staff and various departments of the hospital to achieve the high standard of efficiency for their nurses (Sisters of Mercy, 1918) (see Figures 4.12, 4.13, 4.14).

Figure 4.12 Surgery at St. Joseph Mercy Hospital



Figure 4.12 Dr. William Jepson, surgeon, operates on a patient at St. Joseph Mercy hospital with Dr. J. B. Naftzger as First Assistant, Sister Mary Ursula Dunn as Second Assistant, and Sister Mary Cecelia McKinley; Dr. Arthur Wade, Dr. Charles Wade, and student nurses Gail McDonnell and Roxie Robbins (class of 1906) observe the surgery. Photograph reprinted with permission from the Trinity Heights' St. Joseph Center/Museum.

Figure 4.13 Teaching Surgery Techniques at St. Joseph Mercy School



Figure 4.13 At St. Joseph Mercy Hospital, Dr. B. A. Melgaard looks on as Sister Mary Avitus Koressel (in back) demonstrates to nursing students from the class of 1912 Mary Kreber (on her right), to Cecelia Vinckel (on her left), and Lillian Hanover. Photograph reprinted with permission from the Trinity Heights' St. Joseph Center/Museum.

Figure 4.14 Student Nurses Prepare Operating Room



Figure 4.14 Student Nurse Mary Kreber (class of 1912) (on the left) and Rose Schroeder (class of 1911) (on the right) prepare third floor operating room instruments. Photograph reprinted with permission from the Trinity Heights' St. Joseph Center/Museum.

The nursing students reported for duty at seven in morning and attended the sick until seven in the evening with three hours for class and recreation (History, 1927). The first year student nurse experienced night duty (The Student Nurse, 1927). The St. Joseph Mercy School nursing student would be provided medical care as stated: “All pupils are cared for gratuitously [*sic*]when ill, and receive the professional services of the physicians of the hospital staff. Time lost through illness, or for any other reason, must be made up (Annual Report of St. Joseph’s Mercy Hospital, 1918, p. 10).

Alma Mater and alumni of St. Joseph Mercy School of Nursing. From 1902 to 1915, 150 Catholic and Protestant nursing students graduated from St. Joseph Mercy School of Nursing (St. Joseph Hospital Register of Nurses, 1900) (see Figure 4.15).

Figure 4.15 St. Joseph Mercy School of Nursing Student Nurses



Figure 4.15 Class of 1912 nurses in training are standing with Sister Mary Daniel Gorman and Sister Mary Avitus Koressel on the steps of St. Joseph Mercy Hospital. Photograph reprinted with permission from the Trinity Heights' St. Joseph Center/Museum.

Their alma mater opened many fields of nursing to the graduate nurse after working in different departments such as surgery, maternity, children, special diets, medical floor, special care of patients, x-ray, pharmacy, and pathological laboratory (School for Nurses Prospectus, 1925). The Mercy spirit enabled them to overcome difficulties during the years of preparation and followed them to help them carry on and never lose sight of the Sisters of Mercy goal, the spirit of service (The Survey of 1927, 1927). Two students who modeled and embraced the Mercy spirit were Augusta Hefner

and Mary S. Manning. This research describes their journey through the Silver, Golden, and Diamond Years. If individuals were discovered as alumni from St. Joseph Mercy School of Nursing class year, the class year will be disclosed.

Augusta Hefner. Augusta Hefner graduated from St. Joseph Mercy School of Nursing in 1907. Hefner started nursing when there was a great deal of manual labor. Her first patient was a special duty case where the patient's main complaint was alcoholism. Hefner spent the cold New Year's Day pumping water at an outdoor pump, carrying the bucket up an outside staircase, scrubbing the floors of her patient's home, and lovingly nursing the patient even though she was not compensated for her efforts that day. With her nursing skills, this Mercy woman became Sioux City's first Public Health nurse and later journeyed to Chicago, Illinois to spread the spirit at Hull settlement house with nurse friend and founder Jane Adams (Augusta Hefner is Subject of Tribute in Omaha Paper, 1963; Nurse Hefner Dies at Age 65; 1952) (see Figure 4.16).

Figure 4.16 Graduate Augusta Hefner Class of 1907



Figure 4.16 Augusta Hefner graduates from St. Joseph Mercy School of Nursing.

Photograph reprinted with permission from the Trinity Heights' St. Joseph

Center/Museum.

Sister Mary Carmelita Manning. Mary S. Manning was born in Lansing, Iowa and raised near Beresford, South Dakota with her eight siblings. She completed her grammar and high school courses by age 17. She started her nursing career with the first three-year nursing class at St. Joseph Mercy School of Nursing in 1908, but she was interrupted in 1909 to become a novice and entered the Our Lady of Mercy Convent in Dubuque. She completed her nursing education in Dubuque during her novitiate training period, and pronounced her perpetual vows September 24, 1911 (Sisters of Mercy of the Americas, 2014, Box 202-26). As a walking nun, Sister Mary Carmelita was soon on the move for she was summoned to a new challenge.

St. Joseph Mercy Hospital, Ann Arbor Michigan, was opened in 1911 by the Sisters of Mercy from the Motherhouse in Dubuque at the earnest request of Reverend E. D. Kelly, then pastor of St. Thomas' Church. Following her profession, Sister Mary Carmelita was assigned as one of the first Sister staff with Sister Mary Augustine Fox, and Sister Mary Philomena Kelly (class of 1902). The hospital's capacity was not sufficient to accommodate the number of patients who sought admission, so a new hospital was erected and opened September 7, 1914, as a well-equipped modern facility (Herron, 1929). Later in 1915, Sister Mary Philomena was assigned to be the Mother Superior for the next four years at St. Joseph Mercy Hospital in Sioux City (Sisters of Mercy of the Americas, 2014, Box 302-26). Meanwhile, Sister Mary Carmelita learned from the Sister of Mercy Superintendents how to care for the sick and worked with them

to build her first hospital. Early on she became known for her exponent of high ideals and her high degree of polish in the field of hospital work. With her gentleness and compassion for the sick and the poor, Sister Mary Carmelita ushered in the beginning of the golden era as a walking nun from Siouxland (Sisters of Mercy of the Americas, 2014, Box 202-26) (see Figure 4.17).

Figure 4.17 Hefner and Sister Mary Carmelita: St. Joseph Mercy School of Nursing Alumni and Sisters of Mercy



Figure 4.17 Sisters of Mercy, faculty, and student have a day of relaxation along the riverfront. Left to right standing: Augusta Hefner (class of 1907), alongside Sister Mary Carmelita Manning (Student in 1908); left to right sitting: Sister Mary Agnes Hanley, Sister Roberta Griswald, Sister Mary Joseph Gill, Sister Mary Stanislaus Carey; and lounging on the grass Emma Douglas (class of 1921) are at the St. Joseph Mercy Hospital Training School's picnic. Photograph reprinted with permission from the Trinity Heights' St. Joseph Center/Museum.

The Golden Years (1916-1940)

As the silver era became a shadow and the golden era shone rays of radiant yellow light into this time, the Sisters of Mercy guided the St. Joseph Mercy Hospital's surgical staff, medical staff, and nursing students to join in a cumulative effort to extend charity and aid the sick in Siouxland. The hospital was based on charity in every sense of the word and was open to the afflicted regardless of nationality or religion. The hospital's services were invaluable because the doors were always open to those in need of care. Nationally the Religious Sisters of Mercy Order had an increase in numbers and an increase in the size of the territory in which they worked. During the golden era, the Sisters of Mercy continued to maintain and expand St. Joseph Mercy Hospital. At the same time, the Sisters continued their work of providing comfort and support for their sisterhood while nursing the sick and poor with the best of care.

Impact on Siouxland Community and Public Health

Prior to the golden era, St. Joseph Mercy Hospital served as an infirmary and indirectly helped draw people to Siouxland from as far away as Canada and the southern states. The Sisters of Mercy had a heart for the hungry; as their works of charity continued those without food were never turned down at the hospital. The Sisters believed that mending broken bodies and placing patients on the path to good health was a social service of the utmost value. After lengthy experiences with wounded and broken humanity, the Sisters of Mercy believed they had cause to place much faith in the following statement: "Given good and healthy bodies and minds, all would be excellent citizens" (Hospital Plays Leading Part, 1925, p. 2; Tramps Who Besiege Hospital Doors for Food Refuse to Work, but Return, 1925).

Sisters of Mercy hospital in Siouxland. As the golden era continued, the doors at St. Joseph Mercy Hospital remained open for the sick poor to have the best of care: at the end of 1918, 4000 patients had been admitted with only 82 deaths (Annual Report of St. Joseph's Mercy Hospital, 1918). But with time and a growing need for space, the Sisters of Mercy planned for expansion.

In later part of 1919 Mother Mary Pius Hogan and Sister Mary Philomena Kelly obtained extensive sketches for a proposed new building at St. Joseph Mercy Hospital. During 1923 the Sisters of Mercy were considering proposed plans, their options for adding needed hospital beds, and the Iowa law for fireproof hospital buildings. Available at the time was the St. Joseph Mercy Hospital Nurses' Home for the school of nursing, which had opened in 1918, or renovating the existing structure. The Sisters of Mercy were steadfast in following Church law regarding borrowing large sums of money to renovate the building. Although the Sisters of Mercy finances were separate from the Diocese in which they resided; when necessary the Sisters needed the Bishop's approval to build and minister in the diocese (Sisters of Mercy of the Americas, 2014, Box 302-23). Mother Ursula Dunn consulted Sioux City's Bishop and following his review, on June 8, 1923, Bishop Edmond Heelan wrote Mother Ursula the following:

After giving this matter full consideration and after discussing the situation with Archbishop Keane, I deem it my duty to write you in order to safeguard the interests not only of the institution but the Order. I suggest therefore and advise that you give up the idea of turning the Nurses' Home into a hospital and simply tear down the old part and build an addition on that site to cost not more than \$300,000. This will leave your Nurses' Home intact and will give you [*sic*]

hospital facilities sufficient for many years.... (Reverend Edmond Heelan, personal communication, June, 8, 1923; Sisters of Mercy of the Americas, 2014, Box 302-23) (see Appendix AA)

Mother Ursula responded the following day, “Of course your suggested plan makes the problem a much simpler one and I shall be glad to follow your advice in this regard as well as relative to your plan for the bids” (Sister Ursula, personal communication, June 9, 1923; Sisters of Mercy of the Americas, 2014, Box 302-23) (see Appendix BB).

By 1925, another great improvement was made with a new fireproof annex added to St. Joseph Mercy Hospital in Sioux City at the cost of \$350,000. With the equipment installed, the new wing made the hospital one of the finest and most modern institutions of its kind in the Midwest. Through the management of Mother Ursula Dunn and Sister Mary Michael, no expense was spared either in the construction or the equipment of the new structure. The patient capacity of the hospital was now 225 (New Addition Cost \$350,000, 1925; Sisters of Mercy of the Americas, 2014, Box 302-23) (see Appendixes CC, DD).

The entire top floor of the building was devoted to surgical and x-ray departments. The first x-ray equipment was installed in 1904, and since that time the department had grown in accordance with the rest of the institution. One of the rooms in the x-ray department was fitted especially for orthopedic work. Also, an apartment was set aside for the preparing patients for surgery and sterilizing equipment (Equipment for X-Rays Costly, 1925; Nine Operating Rooms Provided, 1925) (see Figures 4.18, 4.19).

Figure 4.18 Student Prepares Patient for X-Ray

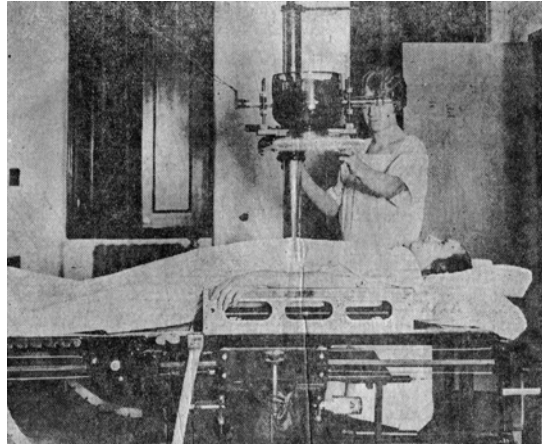


Figure 4.18 The x-ray department at St. Joseph Mercy Hospital was one of the most complete in the country. In charge was Sister Mary Dorothy who had four years of experience as an x-ray technician and specialized in the work. The expert interpreted the plates and was in charge of the department of deep therapy treatments for cancer patients (Equipment for X-rays Costly, 1925; X-Ray Department at St. Joseph's One of Best, 1925). Photograph reprinted with permission from the *Sioux City Journal*.

Figure 4.19 Nurse Sterilizing Equipment

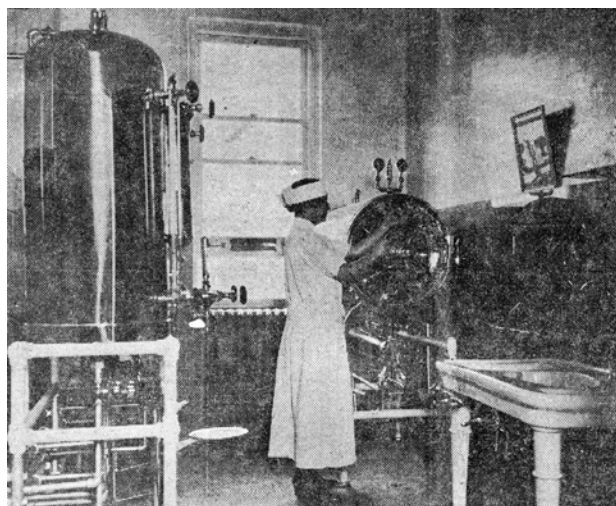


Figure 4.19 Modern surgical medical practices demanded that everything used in the treatment of a patient be absolutely antiseptic and cause no danger for a patient's condition. St. Joseph Mercy Hospital spared no expense in providing for the sterilizing room equipment. Operated by a nurse, the equipment utilized electricity and steam during the process (Costly Equipment Guards Against Infection, 1925). Photograph reprinted with permission from the *Sioux City Journal*.

There were five major and four minor operating rooms. The rooms faced the north assuring the best and steadiest light by means of large double pane windows. Additionally, the heating system was installed between these rooms, making it possible for instant temperature regulation. The walls were marbled half-way to the ceiling to increase perfect cleanliness. The surgeons were provided a bathroom and a dressing room connected to the operating suite (Nine Operating Rooms Provided, 1925).

The general surgical department was supervised by Sister Mary Avitus Koressel, a registered surgical nurse with more than 18 years of experience (see Figures 4.8, 4.13, 4.15, 4.20). Under her supervision, student nurses were trained in all surgical techniques. In the major surgery rooms, a glass enclosed cage was featured for student nurses, relatives and friends of the patient to watch the surgeons and nurses work. The floor was elevated three feet above the operating room and the enclosure was entered from the halls. The surgeons and Sisters appreciated the feature that saved them annoyance during the operations. For example, relatives of the patient used to frequently faint—when blood was seen or became faint at the odor of anesthetics. Timid relatives or friends were also known to interfere with the surgeons and nurses by seizing their hands. The modern

operating room's cage now allowed students to watch a surgery while insuring absolute cleanliness (Nine Operating Rooms Provided, 1925) (see Figures 4.20, 4.21).

Figure 4.20 Doctors, Sister and Student at Work in Operating Room

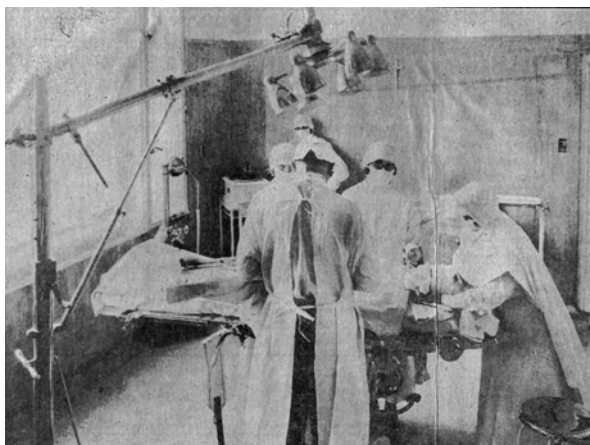


Figure 4.20 Surgeon, Sister, and student nurses at work in one of the five major operating rooms at St. Joseph Mercy Hospital. Powerful electric lights, available at all times, were suspended on a moveable stand (Doctors and Nurses at Work in Ultra-Modern Operating Room, 1925). Photograph reprinted with permission from the *Sioux City Journal*.

Figure 4.21 Nursing Students Watch Operation in Cage



Figure 4.21 Four student nurses at St. Joseph Mercy Hospital were watching from a cage during an operation in progress in one of the five major operating rooms. Those

watching could not get in the way of the surgeons and nurses and the patient was protected against possible infection from germs in the clothing or breath of the onlookers (Student Nurses in “Cage” Watching Operation, 1925). Photograph reprinted with permission from the *Sioux City Journal*.

The first, second and third floors of the new wing had 25 rooms on each floor for patients. As part of the ultramodern electric equipment at the hospital, the nurses’ silent call system replaced the old method. With the old system, the patient rang a bell which signaled only on an annunciator in the chart room and a light in the utility room, thus the nurse had to spend time and effort to check one of these places in order to locate the correct patient. The new system, however, involved a patient pressing a button and a light instantly illuminating six locations on each floor. These locations included a small red light over the patient’s room, an annunciator at the intersections of the hall, a pilot light in the utility room, the diet kitchen, and the record room (Alesch, 1927; The Survey of 1927, 1927).

Each room had two large windows and its door was wide enough that a bed could easily be wheeled through without disturbing the patient. Most of the rooms had private lavatories and baths; two general bathrooms with both shower and bath attachment were provided for the patients who were not in a private room. Each floor had two clothes chutes, one for wet and one for dry clothes, which carried the linen to the basement near the laundry room. Located in the basement were the kitchens, dining rooms, and store rooms for the hospital. The basement of the entire structure was of the semi-basement type, with windows that extended well above the ground (New Addition Cost \$350,000, 1925; Sisters of Mercy of the Americas, 2014, Box 302-23).

For the convenience of Sisters, nurses, patients, relatives and friends of patients who wished to attend Catholic services but did not have the time or strength to go far, St. Joseph Mercy Hospital had a chapel. Modestly furnished and tastefully decorated, the chapel had a seating capacity of 125 and was conveniently accessible from all parts of the building. Through the years, there have been eight priests that have served St. Joseph Mercy Hospital. In 1925, Reverend M. F. O'Connell, Chancellor of the Diocese of Sioux City and Diocesan Director of Hospitals, was pastor (Alesch, 1927; Patients Can Go to Mass Without Leaving Hospital, 1925; The Survey of 1927, 1927) (see Appendix EE).

In the eyes of the Sisters in charge of the institution, and all other connected with it, the duty of motherhood was of the highest dignity. They believed that it was only fitting that expectant mothers be assured of nothing but the very best care. It was for this reason that every effort was made to provide the best for every woman who trusted her care to the staff at St. Joseph Mercy Hospital. The Registered Nurse Sister had special training in surgery and obstetrics and was available at any time of the day (Maternity Wing Much Enlarged, 1925). According to Florence Dolan (class of 1940), Sister Imelda was in charge of the big ward of obstetrics. If the hospital was down to 25 infants in the nursery, Sister Imelda would go light some candles. Sister Imelda would be upset if there weren't 50 babies in the nursery (Conner, 1982).

After the opening of the new annex of St. Joseph Mercy Hospital, the obstetrical department was enlarged for caring for expectant mothers and newborn infants. A suite of 11 rooms was set aside for obstetrical cases and equipped with all modern conveniences. Next to the delivery rooms were two lying-in quarters, where patients awaited confinement in rooms. Two rooms served as nurseries, each accommodating 15

cribs that were arranged and equipped so the attendants could give the best of care to the babies. The third room was fitted for the infants' bath (Maternity Wing Much Enlarged, 1925).

The Sisters at St. Joseph Mercy Hospital devised a system to ensure that each mother went home with her own baby at the end of her hospital stay. As soon as a child was taken from the mother in the delivery room, a tiny strip of tape with the name of the child's mother on it was placed on the baby's arm where it remained until the baby and mother were ready to leave the institution. The Sister pointed out that "never had anyone ever received any but their own child throughout the history of the hospital" (Maternity Wing Much Enlarged, 1925, p. 5).

The Sisters continued to work and supervise all nursing procedures, usually working late into the night. By the end of 1927, there were nearly 200 individuals on staff at the hospital. All the care was given by the Sisters of Mercy and the nurses in training. It was not until 1928 when other registered nurses were first used on staff duty; however these registered nurses were previously hired as private duty nurses (Alesch, 1927; Sisters of Mercy of the Americas, 2014, Box 302-23; The Survey of 1927, 1927; Thielen, 1965).

In 1928, the American College of Surgeons was consulted for the hospital standardization movement during this era. The purpose of the movement was to have an environment for the doctor, nurse, and all other workers in the institution conducive to the best care of the patient. The hospital was evaluated for requirements in four major functions: the right care of the patient; the education of doctors, nurses, technicians and hospital personnel; the prevention of disease; and the promotion of scientific research in

medicine. After the inspection, recommendations were given by their representative to the Sisters of Mercy in areas relating to the privileges to practice in hospital, development of clinical departments with heads of departments to increase efficiency and good staff organization, and the need for monthly medical staff conferences, while following the standards of care by the American College of Surgeons (M. T. MacEachern, personal communication, April 3, 1928).

Circumstances of war, disease, and financial devastation. The golden era in Siouxland would not be spared from circumstances of war, disease, and financial disaster. Out of love for God and neighbor, the Sisters of Mercy felt directed for sense of place by the circumstance before them to walk amongst to serve as well as to lead.

World War One. In the shadows across the Atlantic Ocean, the allies had declared war on Germany just as the silver era was coming to an end. The United States entered the war on April 6, 1917. Soon there were thousands of men enlisting. According to Louise Feyereisen (class of 1905), “We women of the nursing profession also felt our immediate service was needed by our country. We had to care for our men and boys—for many seemed little more than youths in their years” (The Survey of 1927, 1927, p. 62). Through the Bureau of the Nursing of the Red Cross, she entered the Army Nurses Corps along with many other Mercy nurses from Siouxland such as Rose Schroeder (class of 1911) and Cecelia Vinckel (class of 1912). Others, however, like Augusta Hefner (class of 1908) entered the Navy Nurses Corps (see Figures 4.14, 4.13, 4.17).

Out of patriotism, a total of 53 graduates of St. Joseph Mercy Hospital School for Nurses entered the service when the nation needed trained nurses. They performed their

duty in hospitals overseas and in camp hospitals in the United States. One, Edith Becker (class of 1911), died while in service, hence the nursing school bears one gold star on its service flag (St. Joe Nurses Served Nation, 1925). After serving overseas, Feyereisen (class of 1905) called other graduates to duty in the following remarks:

War has taught the world the tremendous possibilities of applied humanitarian measures and efforts. Every nurse following her graduation should feel this part of her duty. She should place her name on the honor roll of the Red Cross Nursing Service. She owes her services to her country in its hour of need; she should be as ready as any man to make the necessary patriotic sacrifice.

(Feyereisen, 1927, p. 65)

1918 Spanish Influenza. As the war was raging in 1918, the dreadful epidemic of the Spanish influenza struck the United States, taking 500,000 lives throughout the entire country. In less than a year, there were three great waves of the Spanish influenza. The first wave of the epidemic was in the spring of 1918. The second wave, ranked the worse in United States history, came in the autumn of 1918 and was followed by a third wave in early 1919. Nearly 50,000 Iowans were struck with the Spanish influenza, killing 4,000 citizens (Conner, 1982).

Many of the nurses were serving in the army; as a result, nursing students worked in the hospital to battle disease on the home front (Conner, 1982). Carolyn Wallwey (class of 1921) had just entered training school at the probation level when the epidemic hit. Students at the entry level work blue uniforms and were commonly called blue girls. She recalled being examined by a doctor before she went on duty and again when she went off duty because the disease spread so rapidly. Sisters and doctors were both

stricken with influenza; in fact, sometimes nurses died in between shifts. She described her experience in the following way:

We wore masks. The hospital was just packed. People just started coming there. We put them everywhere, in the aisles, on porches, wherever we could find room. Often you wondered what to do first. After one person died, another was moved to that place as soon as the linens had been changed. I learned to baptize people—the ones who were dying and had no religion. They would request it so I would baptize them in the name of the Father and Son and Holy Ghost. I asked a nun about that one time, since I was a Lutheran and not a Catholic. She said I was baptizing these people as Christians. (Conner, 1982, pp. 28-29)

Emma De Pover (class 1918) recalled, “It was simply terrible. We saw more death...especially in pregnant women and children...I don’t think there has ever been an epidemic as bad....” (Conner, 1982, p. 29). To prevent future epidemics, vaccinations (when available) were given at clinics in the community assisted by nurses listed on the registry (St. Joe Nurses Exceed Others, 1925).

Beginning in the silver era, around 1907, an exchange and registry was uniquely established in Sioux City to identify practicing nurses and listed for consideration to be hired for private duty. Since there were few graduates in the community, the registry was established in a drug store. As the number of nurses increased the registry was put under private management. The exchange and registry was open to registered nurses regardless of their training schools and was supported through fees paid by members of District No. 1 Registered Nurses Association of Iowa. St. Joseph Mercy Hospital’s Training School for Nurses was the largest institution of the kind in the city. As of 1925, there were 180

nurses registered and 62 were St. Joseph Mercy School graduates (St. Joe Nurses Exceed Others, 1925).

As the community needed private duty nurses or doctors needed a specialty nurses, they were able to review the registry and select Registered Nurses for private duty nursing. This included times when a private duty nurse was needed for mass immunizations to prevent epidemics such as the community immunization clinics for the small pox vaccination at St. Joseph Mercy Hospital in 1928 (St. Joe Nurses Exceed Others, 1925) (see Figure 4. 22).

Figure 4.22 Nurses Help Doctors Give Smallpox Vaccinations



Figure 4.22 Registered Nurses assist in community nursing services through private duty nursing. Nurses, including (on the far left) Augusta Hefner (class of 1907), assisted doctors at St. Joseph Mercy Hospital and gave smallpox vaccinations in 1928. Photograph reprinted with permission from the Sioux City Research Center.

The 1929 Depression. The Depression began after the stock market crash of 1929, resulting in financial devastation for many in the United States. The Depression of the 1930s affected St. Joseph Mercy Hospital in Siouxland as it did everywhere else. The

charitable Sisters, though in financial straits themselves, nevertheless took in the sick and cared for them. To help with expenses, the monthly five-dollar stipend paid to students was not given during 1931. Dozens of destitute, homeless people came daily to the hospital doors for food; and they were never turned away. Even lodging was provided for the most pitiable cases. The days, weeks, and years went by, yet the bread line continued while little money was coming into the hospital (Alesch, 1927; Conner, 1982; The Survey of 1927, 1927).

According to Rosella Higgins (class of 1933), “It wasn’t as hard for a nurse to find work during the Depression as it was for other professionals. People are sick no matter what” (Conner, 1982, p. 52). Yet nurses were out of work everywhere. The area hospital had few patients for them to care for, and the patients had little money with which to pay for their care. Many unemployed nurses worked general duty on the floor giving patient care at St. Joseph Mercy Hospital in return for board. Occasionally, the nursing service would give them an opportunity for special duty which paid a dollar a day. The Sisters would rotate all the nurses from general duty to occasional special duty; thus the nurses received their board and a little money (Alesch, 1927; The Survey of 1927, 1927).

Even during the Depression’s financial challenges, the Sisters of Mercy’s charism and Rule and Constitution established by their Foundress of the community guided their hospital management responsibilities. On July 21, 1937, Sister Mary Esther Melloy, Administrator of St. Joseph Mercy Hospital in Sioux City, wrote Mother Provincial sharing the good news of a \$20,000 cash donation (Sisters of Mercy of the Americas, 2014, Box 302-23). Sister Mary Carmelita (student 1908), was the Mother Provincial

and replied on July 27, 1937, telling her what the Sisters of Mercy must do according to the Rule as follows:

I fear that I will have to disappoint you by telling you this money will have to be set aside in a perpetuating [sic] fund whereby the interest each year will be spent for charity cases, according to our rule we are not allowed to use money purpose only that for which it is specified. I think the best way to handle it now is to send Sister M. Scholastica \$1,000 each month until you deposited \$20,000 at the Provincial House. We will buy some bonds or some safe security for 4 or 4½%, and will send a check every six months for the interest, which will be \$800 or \$900 a year that you will receive for charity, after you have deposited the \$20,000. Or if you prefer to go to the bank there and get the \$20,000 and send it to Sister M. Scholastica, and pay the bank back a thousand dollars a month, I believe it would be simpler, and I could invest the money, if I had it, by September 1. However, either way will be all-right.... (Sister Mary Carmelita, personal communication, July 27, 1937; Sisters of Mercy of the Americas, 2014, Box 302-23) (see Appendix FF)

St. Joseph Mercy Hospital had weathered bad financial times in the past and the Sisters of Mercy persevered through the Depression while remaining faithful to their Rule and Constitution (Alesch, 1927; Conner, 1982; The Survey of 1927, 1927).

Impact on Nursing

Sisters of Mercy. The unity of the Sisters of Mercy, seem as characteristic of all God's work, was evident in the missions of the Dubuque Community and their devotion to healthcare institutions (1869). In Iowa, Reverend Mother Mary Agatha Murphy

established branch houses in Dubuque at St. Joseph Mercy Hospital (1880) and at St. Joseph Sanitarium (1897) as well at both St. Joseph Mercy Hospitals in Sioux City (1890) and Clinton (1892) (Sisters of Mercy of the Americas, 2014, Box 103-02).

Reverend Mother Agnes Hanley also established Iowa branch houses at St. Joseph Mercy Hospitals in Waverly (1904), Webster City (1905), Fort Dodge (1907), and Mason City (1915). Reverend Mother Mary Pius established a branch house in Cresco (1911) at St. Joseph Mercy Hospital. Mother Pius extended branch houses into Michigan in Ann Arbor (1911) at St. Joseph Mercy Hospital and Dowagiac (1917) at Lee Memorial. Reverend Mother Mary Ursula Dunn, at the age of 21, further extended branch houses in Michigan in Detroit (1923) at St. Joseph Mercy Hospital, Ann Arbor (1924) at Mercywood Sanitarium, Battle Creek (1927) at Leila Y. Post Montgomery Hospital, and Pontiac (1927) at St. Joseph Mercy Hospital (see Figure 4.12) (Sisters of Mercy of the Americas, 2014, Box 103-02).

The Sisters of Mercy of Independence Community (1869) also established Iowa branch houses in Independence and Notre Dame Seminary at St. John Parish School; Ackley at Sacred Heart School; Bankston at St. Clement Hofbauer School in Epworth; Waterloo at St. Mary of Mt. Carmel School in Eagle Center; and Waverly at St. Bernard Academy. This community was devoted to education of the young. The Dubuque and Independence Sisters of Mercy Communities both originated from Chicago, Illinois, but the Dubuque community was via Davenport, Iowa before establishing in Dubuque. In 1921, the Sisters of Mercy of Independence asked for an affiliation with the Dubuque Sisters. The union was sanctioned in September 1922 and the 19 members from the

Independence Community joined the Dubuque Community (Sisters of Mercy of the Americas, 2014, Box 103-02).

On March 17, 1929 the by-laws of the RSM were revised and the Board of Directors would now consist of Mother Superior, Mother Assistant, Mother Bursar and the Mistress of Novices with each Sister holding the office respectively of President, Vice President, Treasurer and Secretary from the duly elected governing body of the religious community (Burns, 2009; Sisters of Mercy of the Americas, 2014, Box 350-04). The Articles of Incorporation for the Sisters of Mercy of Dubuque 1895 were renewed to continue the Corporation of St. Joseph Mercy Hospital as stated in the 1895 Article II:

To provide for the comfort and support of its members; to care for, nurse, clothe and educate the poor, the sick, the blind, the lame, the orphan, the widow and the insane, and such other persons as may require care and attention bestowed upon them in hospital; and to educate young and old generally; and to do and perform such other works of Mercy, and educational training as comes within the purview of a Hospital and educational institution; and to build, construct, erect and maintain suitable buildings for the carrying into effect the objects herein above set forth. (Sisters of Mercy of the Americas, 2014, pp. 2-3, Box 350-04)

The by-laws guided the Sisters of Mercy and covered the institution functions and roles of the Sisters, board of directors, medical staff, and nursing. The Sister as Mother Superior and Superintendent of the hospital was in charge of the hospital and training school. She had the power and duty of supervising the care of all patients, controlling all nurses and all employees, subject to the by-laws, and adopt rules and regulations approved by Mother Superior of the community.

The medical and dental staff of legally qualified practitioners of their professions were appointed and removed by the Mother Superior of the hospital. The practitioners were to cooperate with the institute in maintaining the highest standard of hospital efficiency and thus promoting the right care of patients. The name for the training school for nurses was changed to Mercy Hospital School of Nurses. The school's object was to train nurses to care for the sick and injured while under the control of the Director of the School, the Sister Superior of the school, and the Mother Superior of the community. Members of the staff were required to assist in arranging and giving all lectures to the nurses attending the school (Sisters of Mercy of the Americas, 2014, Box 350-04).

The Religious Sisters of Mercy Order continued to grow and the Vatican ordered an amalgamation of the 39 independent Sisters of Mercy communities. Initially six Provinces governed the 5,000 members. In August 1929, the Dubuque Community joined the Union of the Sisters of Mercy in the United States as part of the Omaha Province. However in August 1930, the Mother General and Council decided to move the Dubuque Community to the Cincinnati Province. The Dubuque Community had seven missions in Michigan and the Michigan communities belonged to the Cincinnati Province (Burns, 2009; Sisters of Mercy of the Americas, 2014, Box 350-04).

Earlier, from 1918 through 1927, Sister Mary Carmelita (student of 1908) served as the Supervisor of the operating room for four years at St. Joseph Mercy Hospital and as the Sister Superior in Ann Arbor, Michigan (see Figure 4.17). Next she was assigned Mother Assistant at Mt. St. Agnes in Dubuque from 1927 through 1929. Mother Mary Carmelita attended Marygrove College in Detroit, Michigan for the next year. After the amalgamation, she was the Superior at St. Joseph Mercy Hospital in Pontiac, Michigan.

From 1932 through 1936, Sister Mary Carmelita Manning was assigned the Mother Assistant to the Provincial of the Province of Cincinnati, which included Siouxland. In 1936, she was named Mother Provincial of the Province of Cincinnati for the next four years. During her leadership an amendment was made for the community changes to the Articles of Incorporation of Sisters of Mercy in Dubuque on October 23, 1932 (Sisters of Mercy of the Americas, 2014, Box 202-26, 350-04).

Continued growth of the RSM Order made it necessary to reorganize again in 1940 and increased the number of Provinces from six to nine. The Province of Cincinnati of the Sisters of Mercy of the Union in the United States of America expanded and increased its territory and number of its members, rendering onerous administration responsibilities of its spiritual and temporal affairs. The Mother General and General Council solicited, and by a decree from Rome, the Province of Cincinnati was divided into Cincinnati and Detroit Province. Those members from the original Dubuque Community became part of the Detroit Province, which included Siouxland. An Amendment to the Articles of Incorporation of Sisters of Mercy in Dubuque was made on June 29, 1940. Mother Provincial Mary Carmelita Manning was appointed Mother Provincial of the newly erected Province of Detroit for the next six years. The Order's Rule and Constitution guided the unity of the Religious Sisters of Mercy community (Burns, 2009; Sisters of Mercy of the Americas, 2014, Boxes 103-02, 103-04, 202-26, 350-04).

During this golden era, the charism of the Sisters of Mercy led them to educate women about nursing in order to care for the sick poor. The Sisters inspired women, both nuns and lay women, to see that through education in nursing women could have new

opportunities. Nursing was a career that was rich, varied, and constant. As a profession, nursing required a minimum expenditure of money since the student service to the sick paid for nurses' education. There were unlimited opportunities in this vocation where the demand far exceeded the present supply for private duty, institutional and public health nursing. The training which prepared them for service was growing broader, brighter, and more varied, and the career of nursing experienced a rapidly improving social and professional status in every community with comparative favorable salaries to other trained women (School of Nurses Prospectus, 1925).

During this era, some women entered the nursing field as a preparation for the home and family life, but once training began a student's interest in nursing as a profession compelled them to complete their training. Nursing was a means of livelihood which had the potential to be used at anytime and anyplace, providing women with opportunities to intelligently serve in solving the problems of suffering humanity (School of Nurses Prospectus, 1925).

School of nursing. Through the scientific progress of the silver and golden era, St. Joseph Mercy School of Nursing had grown and progressed playing a vital part in the specialized advancement of the nursing profession (Serving Humanity for 50 Years, 1940). After the 1911 hospital addition was built, the number of girls wishing to enter training increased, thus thrusting yet more responsibility upon the Sisters of Mercy (Alesch, 1927; The Survey of 1927, 1927).

The basic education policy of the St. Joseph Mercy School of Nursing was to complete the development of the student. Character formation and inculcation of high ideals and correct principles of life were considered more important than the acquisition

of professional knowledge and technical skill. The methods for the achievement of these high aims were dictated by the philosophy and religious faith of the Catholic Church (St. Joseph Mercy School of Nursing Official Bulletin, 1938). During the training of nursing, no attempt was made to influence the faith of the students, and each woman was permitted to worship in accordance with her own conscience (Four Hundred and Thirty-Five Trained in Nursing School, 1925).

The student nurses received practical instruction at the bedside of patients and served in all departments, with this work being supplemented with theoretical instruction in the classroom. The student was assured the best instruction was given, for the school met the requirements of the Iowa state laws for registration of nurses. After completion, each was eligible to take the state examination and upon passing they earned their registered nurse degree, entitling them to membership in state and national organizations. The nursing graduates were prepared to go out into the field, with many finding executive positions of importance, and all dedicated to alleviating aches and pains (Four Hundred and Thirty-Five Trained in Nursing School, 1925). Bishop Heelan recognized the splendid work being done by the Training School of St. Joseph Mercy Hospital and stated the following:

Since its establishment it has sent into this and other communities hundreds of your women, fully trained, spiritually and scientifically, to give the best possible service to the sick and dying. The record they have made is indeed an enviable one and the good they have accomplished none but God can estimate. Sioux City is blessed in having a School of Nursing whose graduates have done so much for humanity. May the graduates of the future, by their integrity of life and fidelity to

duty, continue to uphold the high ideals of nursing received at St. Joseph Training School. (The Survey of 1927, 1927, p. 7)

In 1916, plans were drawn for a separate building for student nurses and construction was started. However, before much progress was made, the World War One was declared, and buildings were requested for government institutions. The unfinished building was offered by the Sisters of Mercy to the nation, but it was not needed (Alesch, 1927; The Survey of 1927, 1927) (see Appendix GG).

In 1918, the eight-hour duty schedule replaced the 12-hour method. Formerly, the nurses reported for duty at seven in the morning and attended the sick until seven in the evening, with three hours for class and recreation. Under Sister Mary Redempta, Superintendent of nurses, this was changed. Instead of two, there were now three shifts of nurses, affording them more time to spend at study, lectures and leisure. Also the blue uniform of the probationer was discontinued. The student now wore the striped student uniform upon entrance to the school of nursing (Alesch, 1927; The Survey of 1927, 1927).

In 1918, the nurses' home was completed at the cost of \$130,000 and the women moved into the new quarters which were connected to the hospital by a tunnel. A Sister was in charge of the home and carefully looked after the comforts of the nurses. The fireproof four-story building had sleeping quarters on the top three floors with home-like rooms, occupied by two students, and study halls. On the first two floors were a large reception room, parlors, offices, and library. The school included the educational department that consisted of a large class room, demonstration room and laboratories for chemistry and bacteriology. Finally, the auditorium served as a space for entertainment

and special activities including school traditions, informal dances, parties, and graduation exercises. It also was a place for students to relax while listening to music and the radio (Annual Report of St. Joseph's Mercy Hospital, 1918; School for Nurses Prospectus, 1925; Serving Humanity for 50 Years, 1940) (see Appendixes HH, II, JJ).

In the life of the nurses at St. Joseph Mercy School of Nursing, the array of school traditions were dear to the heart of every alumni and student. All students were members of the Student Body Corporation which controlled all school activities including the literacy club, the science club, the dramatic guild and the glee club. The student body was encouraged to participate in various forms of athletics, such as basketball, tennis, skating and swimming (St. Joseph Mercy School of Nursing Official Bulletin, 1938).

St. Joseph Mercy School of Nursing allowed personal time for the students and provided spiritual experiences to help them grow in their faith. A two-week vacation was allowed for each student every year. In addition, the students were allowed personal time two hours daily, on one afternoon each week, and special hours on Sunday; they were also allowed to go to school tradition events and organization meetings (Annual Report of St. Joseph's Mercy Hospital, 1918).

The Sodality of the Blessed Virgin was a religious organization composed of all Catholic students. Each year there was a reception held in St. Joseph Mercy Hospital Chapel featuring a procession with lighted tapers, reception of the Sodalists, a sermon, and the Benediction. It was affiliated with the Prima Primaria, the central Sodality of Rome, whose purpose was for the development of a more intense spiritual life and the active external practice of Catholicity. Additionally, the Guild of Our Lady of Perpetual Help, also an active religious group on campus, provided spiritual comfort and social

pleasures for older persons who had no one to care for them (St. Joseph Mercy School of Nursing Official Bulletin, 1938; Student Handbook, 1958).

St. Joseph Mercy School of Nursing planned community presentations, special religious activities and celebrations for the students. For instance in 1926, the school presented the pageant *Milestones from the History of Nursing* by Rose O'Connor assisted by Sister Mary Michael, Sister Mary Reginalda, and Augusta Hefner (O'Connor, 1926) (see Figure 4.23).

Figure 4.23 Milestones from the History of Nursing Pageant in 1926



Figure 4.23 Included were 21 tableaux; whereas Regina McCarthy was Florence Nightingale—*The Lady with the Lamp* and Mary Klemish, Frances Harjehausen, and Joan Costello were Mercy Sisters at St. Joseph Hospital—*In this Hospital Where They Tend the Sick*. Photograph reprinted with permission from the Sioux City Research Center.

Throughout the year were monthly first Friday communion services and weekly holy hours; ideally, Mercy students attended daily mass and Holy Communion. On the first Tuesday in May, the entire student body gathered in the chapel for the crowning of

Our Blessed Mother; all Catholic students were expected to attend and non-Catholic students were cordially invited. Annually each spring on Ascension Thursday, 40 days after Easter Sunday, the all-school picnic was held at Stone Park. All students and faculty had a day of relaxation (St. Joseph Mercy School of Nursing Official Bulletin, 1938; Student Handbook, 1958) (see Figure 4.24).

Figure 4.24 Faculty and Students Have a Day of Relaxation



Figure 4.24 Sister Mary Benigna Manning (class of 1922), Gertrude Mangan (class of 1919), Sister Mary Avitus Koressel, Nellie Dowling (class of 1921), Irene McAleer (class of 1919), and Sister Mary Ingatius Ryan prepare to have a ride on a steamboat at Riverside Park. Photograph reprinted with permission from the Trinity Heights' St. Joseph Center/Museum.

In 1919, to accommodate the growing educational institution at St. Joseph Mercy, the Sisters of Mercy employed the first full-time lay instructor of nurses to teach of the theoretical course. Previously, all classes had been taught by the Sisters and doctors. Margaret Steele came from New York City, New York, to fill this position and stayed only a few months. She was succeeded by Augusta Hefner (class of 1907) (see Figure 4.

17). By the end of 1927, at St. Joseph School of Nursing, nearly 500 Mercy nurses were registered nurses (History, 1927).

In 1934, St. Joseph Mercy School of Nursing affiliated with Trinity College in Sioux City. After two years of coursework at Trinity College, students were allowed to obtain the degree of Bachelor of Science if they met the academic requirements of graduation. From there, they could transfer to the school of nursing to complete their training (Serving Humanity for 50 Years, 1940). In 1938, St. Joseph School of Nursing in Sioux City offered its teaching facilities to affiliated schools in Fort Dodge, Iowa, and Mason City, Iowa; thereby becoming one of the first two Central Schools of Nursing in the State of Iowa. Students spent their first year in Sioux City and then completed the program of study in one of the three clinical teaching units at St. Joseph Mercy Hospital in Sioux City, Fort Dodge or Mason City (Student Handbook, 1958). By the Golden Jubilee of St. Joseph Mercy Hospital in 1940, more than 1,000 nurses had graduated from its nurse training school since its inception in 1900 (Golden Jubilee Year for Hospital, 1940).

The Mercy nurse's cap, uniform, school pin and pledge. Before the class of 1933, St. Joseph Mercy Hospital Training School students wore a white apron with a bib and stripes (Conner, 1982). The nursing cap and uniform with white hose and shoes were to be worn in its entirety. The uniform was the symbol of the profession; it was to be worn only when the student was performing nursing functions and during doctors' lectures. The regulation length for the uniform was 12 inches from the floor, and the skirt of the dress needed to have a three-inch width hem. For personal health, a white sweater was worn on duty for additional warmth, and a school cape could be put on in inclement

weather. When leaving the hospital, the cap needed to be removed (Student Handbook, 1958).

The regulation uniform cap was always worn when the uniform dress was worn except in surgery, the nursery, or the diet department. The nurse's cap was a sign of the nursing profession and a badge of authority. The right to wear the distinctive cap of St. Joseph Mercy School of Nursing of Sioux City was a privilege. By virtue of its own design, it represented the school and added poise while commanding respect. The student was expected to show proper respect for the dignity of her profession by keeping her uniform neat and clean, and in good repair at all times (Student Handbook, 1958).

The school pin, worn by all graduates of St. Joseph Mercy School of Nursing was designed from the emblem used by the Religious Sisters of Mercy. The emblem's history dated back to the 13th-century. It was a copy of the royal arms of King James I who reigned in Aragon during that period. The King, as co-founder of the first religious congregation dedicated to Our Lady of Mercy, desired the members to wear upon their person the royal arms of Aragon (Student Handbook, 1958).

Since that time, the shield has appeared as part of the religious dress of Bishops, Knights, and Nuns in the paintings of Spanish artists. In the Cathedral Church of Seville, a Zubaron's painting of Our Lady, conspicuously displays the badge on her cincture (Student Handbook, 1958).

Nurses educated by the Religious Sisters of Mercy proudly wore the pin as a symbol of their life's dedication. The Mercy shield was fashioned with red bars upon a field of gold, and a white cross upon a field of red. The red bars stand for courage and zeal, the white for purity, and the cross symbolizes love and sacrifice, and all in the union

of the works of Mercy with the life of the spirit (Student Handbook, 1958) (see Figure 4.25).

Figure 4.25 St. Joseph Mercy School of Nursing Cap, Uniform, and Pin



Figure 4.25 Hospital display for St. Joseph Mercy School of Nursing at Younkers-Marten during hospital week in May 1964. Photograph reprinted with permission from the Sioux City Research Center.

After successfully completing the first year of education and at graduation, the nursing student participated in a capping and a commencement ceremony. At each event the student recited the Mercy Nurses' Pledge as follows:

I pledge myself to a life of purity and womanly dignity and to the devout practice of my religion. I pledge myself to observe and uphold the Devine Moral Law in my private life and its application to nursing. I pledge myself to maintain and promote the high standards of my profession. I pledge myself to respectfully keep sacred whatever matters of an intimate nature that may come to my knowledge in the course of duty. With loyalty, I pledge myself to assist the physician in his

work and to give sincere spiritual and physical care to all my patients. (St. Joseph Mercy School of Nursing, 1962, p. 6; St. Joseph Mercy School of Nursing, 1956)

Alma Mater and alumni of St. Joseph Mercy School of Nursing. Since the St. Joseph Training School was established, the 435 graduates from St. Joseph Training School in Sioux City have continued their “high ideals of nursing with integrity of life and fidelity to duty” (Four Hundred and Thirty-Five Trained in Nursing School, 1925, p. 8). St. Joseph Mercy Hospital Alumnae was organized October 27, 1916, under the guidance of Sister Mary Daniel Gorman, with the first charter numbering approximately 20 members. The first general meeting was held in April 1917, at which time the constitution and by-laws were created. Officials were also chosen with Rose Schroeder (class of 1911) elected as president and Cecelia Vinkel (class 1912) elected as secretary and treasurer. The constitution and by-laws were adopted May 7, 1917, and the association was admitted to the Iowa State Association of Registered Nurses on June 8, 1917. In May 1925, a homecoming was held at St. Joseph Hospital; each class from 1902 to 1925 was represented for the reunion of both old and new members. By 1927, the membership had steadily increased to 110 active members (Alumnae Notes, 1927; History, 1927).

Augusta Hefner. Alumni from St. Joseph Hospital School of Nursing carried the Mercy spirit to all corners of the country. After working as the first Public Health Nurse in Sioux City, Augusta Hefner co-founded a hospital in LeMars, Iowa, later called Sacred Heart Hospital with an understanding that the Sisters of Mercy would take over later. Like the 53 other St. Joseph Mercy School of Nursing alumni called to serve in the army and navy during the World War, Hefner joined the Navy Nurse Corps and became an

officer while stationed at Great Lakes, Illinois. Following the war during the golden era, she returned to Siouxland to become a nursing instructor at St. Joseph Mercy School of Nursing (St. Joe Nurses Served Nation, 1925; Nurse Hefner Dies at Age of 65, 1952) (see Figure 4.26).

Figure 4.26 Instructor of Nurses Augusta Hefner in 1927



Figure 4.26 Augusta Hefner was an Instructor of Nurses at St. Joseph Hospital School of Nursing. She had the role of Associate Director of the school and Director of Nursing Service at the hospital for over 35 years (Mercy Echoes, 1953). Photograph reprinted with permission from the Trinity Heights' St. Joseph Center/Museum.

Hefner (1927) inspired those she taught nursing by writing a poem to the students with the following message:

‘Today your training is finished
You go to the work you have planned.
Knowing a nurse’s duty
To serve—obey: to understand.’

As you leave your Alma Mater to enter the many fields of nursing open to the graduate nurse of today I hope that the splendid spirit that has enabled you to overcome difficulties during the years of preparation may help you to carry on. It is a wonderful time, in which we live. It seems as though all the altruistic thinking, work, energy and self-sacrifice of the pioneer nurse is crystallizing into service. In the viewing our development, however, let us never lose sight of our goal, the spirit of Service. We nurses must have but one aim—ask but one question, ‘When and how can we give the most service, and bring about the greatest good?’ Service is what the public justly demands; what the doctor expects and what we as nurses are equipped to give. I feel that you are leaving the school not only well equipped professionally, but broader in your sympathies, with a deeper interest in humanity, and an earnest desire to serve society. Always elect to do only the best work and consider no task too trivial or menial. May I rejoice with you, and assure you my continued interest. I wish you happiness—that happiness that comes to us with the sense of a duty well performed. (The Survey of 1927, 1927, p. 27)

In 1937, the Sisters of Mercy in Sioux City and Mother Provincial Mary Carmelita Manning sanctioned and financially supported Hefner’s further education using money from the six per cent [*sic*] fund. This was the percentage of money from St. Joseph Mercy Hospital’s income that was sent to the Province headquarters each month for multiple uses including educational costs (Burns, 2009). Hefner then moved to Columbia College to obtain her master of science in nursing (Sister Mary Carmelita, personal communication, July 6, 1937; Sisters of Mercy of the Americas, 2014, Box 302-

23) (see Appendix KK). Additionally, she held a Master of Science Degree from Loris College in Dubuque, held an Honorary Degree from Mercy College in Detroit, and completed post graduate work at Stanford University in California and John Hopkins University in Maryland (Nurse Hefner Dies at Age 65, 1952). During Hefner's lifetime, the nursing profession was revolutionized. In a 1937 speech on the history of Sioux City's hospital, Hefner proclaimed the following:

The nurse of the earlier days represents the triumph of the nursing spirit, rather than any marked development of the science and art of nursing. Our Schools of Nursing in Sioux City today are no longer training schools, but are schools of education. (Alesch, 1950, p. 4)

Golden Jubilee. The Sisters of Mercy celebrated their Golden Jubilee on June 2, 1940, with more than 1,000 invitations sent to alumnae members of St. Joseph Hospital for the 50th anniversary celebration. The day festivities began with a mass held in the chapel, next a luncheon given in the dining room, followed by social activities about the hospital and nurses' home history, and ending with a banquet in the evening. Reverend Berger was toastmaster. Short speeches were given by Dr. Prince E. Sawyer, medical staff representative, Augusta J. Hefner, faculty representative and class of 1907, Edith Countrymine, state director of public health nursing and alumnae representative from class of 1907, and Reverend Leimkuher, President of Trinity College and Educational Director of the School of Nursing (St. Joseph's Hospital will Celebrate 50th Anniversary with Mass, Program Sunday, 1940).

Each shared a story and a glimpse into the past of the Sisters of Mercy in Siouxland. The Sisters had begun a hospital in a meager way, but by 1940, they operated

one of the finest and best-equipped hospitals in the Midwest. The general public became aware of the cost of operating a hospital and the personal sacrifices of the Sisters of Mercy. During the Depression, St. Joseph Mercy Hospital carried on in its care of the sick and afflicted. Patients were never refused the ministrations of the Sisters of Mercy, although meeting the cost that accrued from serving the sick, building the institution, and installing new equipment had entailed much sacrifice. According to Dr. Sawyer (1948), St. Joseph Mercy Hospital “had to face the depression, as did all others, but it still survives as a monument dedicated to God and humanity” (p. 4; St. Joseph’s Hospital will Celebrate 50th Anniversary with Mass, Program Sunday, 1940; Sisters of Mercy of the Americas, 2014, Box 302-23). The Sisters of Mercy celebrated their Golden Jubilee and expressed their gratitude for the cumulative effort in Siouxland in the following statement:

We deeply appreciate the kindness and assistance of our friends in Sioux City, for making it possible to carry on our work of caring for the sick and afflicted, and their reward will be from the Great Master of all, who said, ‘What you have done unto others in the name of charity you have done unto me.’ (Serving Humanity for 50 Years, 1940, p. 1)

The Diamond Years (1941-1965)

As the rays of radiant yellow light from the golden era faded, the clarity of the diamond era illuminated for times to come. The Sisters of Mercy guided the St. Joseph Mercy Hospital’s community in a continued collective effort of cooperation to uphold charity and aid the sick. As the diamond era gave illumination, the nursing profession became an art and a science concerned with the development of the proper knowledge,

skills and attitudes requisite to the care of the whole person—body, mind, and spirit. In addition to ministrations to the sick, the nursing profession was also concerned with the health education and preservation in the family and community.

Impact on Siouxland Community and Public Health

Sisters of Mercy Hospital in Siouxland. As conveyed by Reverend Bauer, St. Joseph Hospital Chaplain in behalf of the Sisters of Mercy, a hospital needed to be intensely human. This implied the hospital, like human nature, had a soul as well as a body, and that the soul, or the spirit, dominated the whole; furthermore, the hospital's body, the building, the furnishings and the specialized and highly technical equipment, was required for 20th-century medicine. But without a soul the hospital was nothing. The soul of a hospital was the dependable, capable and well-organized employee, a living and effective instrument in the care of the sick. Even though building has the finest and most modern equipment, the quality of the hospital and the services rendered to the community are from the quality of those who formed the soul of the hospital organization (St. Joseph Mercy Hospital and School of Nursing, 1953).

The Sisters of Mercy honored their staff not only for their contributions to the operations of St. Joseph Mercy Hospital, but also identified the qualities necessary in a hospital employee. Certain qualities were paramount and necessary in a hospital employee to be marked the capable and trusted hospital employee. Each member of the hospital staff needed to possess a well-developed sense of responsibility. Loyalty was considered an outstanding quality that must be possessed by a good St. Joseph Mercy Hospital employee. However, before everything else a good hospital employee needed to be motivated by charity. The hospital was an economic enterprise and it needed to

collect fees and pay bills; otherwise in the material world, it would soon cease to exist and eventually cease to serve the community and humanity. But the economic management and conduct of a hospital was only a means to an end—the end was the alleviation of the sufferings of humanity (St. Joseph Mercy Hospital and School of Nursing, 1953) (see Figure 4.27).

Figure 4.27 St. Joseph Mercy Hospital Employees Honored by Sisters



Figure 4.27 Sisters of St. Joseph Mercy Hospital honored employees at a banquet and program. Reverend Bauer addressed the group emphasizing the Religious Sisters of Mercy Order's objectives of charity, responsibility, loyalty, and wisdom and each individual's work in some way affected the welfare of the patients (Hospital Employees Honored, 1953). Sisters were standing front to back as follows: Sr. Mary Immaculata, Sister Mary Stanislaus, Sister Mary Paschal, Sister Mary Anastasia, Sister Mary Olivia, Sister Mary Aniceta, Sister Mary Dolora, Sister Mary Gabriel, Sister Mary Raymonda, Sister Mary Rose, Sister Mary Marcia, Sister Mary Ruth, and Sister Mary Jonita. Photograph reprinted with permission from the Sioux City Public Library.

As the year 1940 ended, St. Joseph Mercy Hospital in Sioux City tried to keep in step with the times while being faithful to their mission. With 180 nurses in training, the hospital needed a larger place of assembly. A request to build was given to Mother Mary Carmelita Manning, Provincial of the Detroit Province, to be conveyed to Mother General Mary Bernandine. No vote was taken due to insufficient information; also the hospital was already burdened with a heavy debt and was unable to assume part of the cost. The Sisters were not rash but were guarded with their financial expenditures for they had endured the Depression and a financial predicament could be looming in the near future (Sister Mary Carmelita, personal communication, January 4, 1941; Sisters of Mercy of the Americas, 2014, Box 202-26).

In December 1941, Mother Mary Bernandine received a request from Mother Mary Carmelita for a new convent for the Sisters of Mercy in Sioux City to be voted on at the provincial council. The next month the General Council voted in favor of building a chapel and convent in connection with the St. Joseph Mercy Hospital. Mother Mary Carmelita was very thankful for the council's permission (Sister Mary Bernadine, personal communications, December 16, 1941 and January 21, 1942; Sister Mary Carmelita, personal communication, February 6, 1942; Sisters of Mercy of the Americas, 2014, Box 202-26).

On April 8, 1942, a groundbreaking ceremony for construction of the hospital project, one of many to occur in the next decade, was held at St. Joseph Mercy Hospital. Community leaders, hospital employees, school of nursing faculty, and student nurses attended to witness the historical event (Break Ground for Five-Story Hospital Addition, 1942) (see Figure 4.28).

Figure 4.28 Groundbreaking Ceremony in 1942



Figure 4.28 On April 8, 1942, Reverend Heelan, Bishop of Sioux City Diocese, turned the first spadeful of dirt, followed by the Sisters of Mercy together, Sister Mary Carmelita Manning, Mother Provincial of the Sisters of Mercy of Detroit (on the left) and Sister Mary Stanislaus Carey, Superintendent (on her right). The Sisters accepted the honor of the groundbreaking ceremonial ritual of turning the soil, and as a custom of the RSM Order, Mother Provincial completed the task with the assistance of the Sisters. The groundbreaking began the project to construct the five-story addition to St. Joseph Mercy Hospital (Break Ground for Five-Story Hospital Addition, 1942; 1942 St. Joseph Mercy Hospital Groundbreaking, 1942). Photograph reprinted with permission from the *Sioux City Journal*.

The plan was to have the chapel details as simple as possible with an arch over a feature of random pieces of brilliant glass (Sisters of Mercy of the Americas, 2014, Box 202-26). To many, the chapel became the heart of the hospital, a quiet place for refuge, peaceful meditation and prayer. The new two story wing had wisps of sun that reddened

the gold and blue stained glass windows. The figure of the Crucified, a comforting symbol of mercy, drooped upon the massive cross above the altar to envelop not only worshippers within the chapel walls but the whole world. The altar was made of Georgia marble and pink, glowing softly against the cooler paneling of Botticino stone that lined the base of the chancel walls. The sanctuary was bronze, finished with gold, and was a gift from the alumnae of St. Joseph Mercy College of Nursing. Figures of angels on both sides of the main altar bore sanctuary lamps. Statues of Joseph and Mary were in the alcoves. Broad marble steps led to the chancel rail of filigreed bronze and a sanctuary painted in gold. A single bud rose remained before the miniature of the Babe of Bethlehem. Mother Mary Carmelita started Mercy work in Sioux City, so it was dearest to her heart, and the chapel was a nice thing to do for the community; the chapel was modeled after the Sisters of Mercy Provincial chapel (Sister Mary Carmelita, personal communication, April 29, 1944; Sisters of Mercy of the Americas, 2014, Box 302-23).

Symbolizing the mysteries of the rosary, the stained glass windows were in close harmony with the hospital chapel's purpose because through them vivid clarity illuminated the sanctuary; may it not be likewise with the spirit of Mercy, the Sisters of Mercy's charism shines in the prisms of time (Hospital's New Chapel is an Ideal Setting for Devotions, 1943) (see Appendix LL).

The Sisters loved the beautiful chapel and were pleased and grateful for it and the convent (Sister Mary Ruth, personal communication, May 9, 1944; Sisters of Mercy of the Americas, 2014, Box 302-23). The convent was on the fifth floor with a community room on the north end. Mother Provincial reported for over 50 years, the Sisters at St. Joseph Mercy Hospital had been sleeping either in the attic or in patients' rooms during

private duty nursing. This was the only Sisters of Mercy institution that did not have a convent and now they were joyous and gratified (Sister Mary Carmelita, personal communication, December 4, 1942; New \$500,000 Hospital Addition, 1943; Sisters of Mercy of the Americas, 2014, Box 202-26).

Further modernizations to St. Joseph Mercy Hospital, under the supervision of Superintendent Sister Mary Stanislaus, were made after months of planning; changes made to better serve the needs of Siouxland. The Sisters of Mercy of Detroit invested \$500,000 into an improvement project expansion; in addition to the new chapel and convent, the surgery, maternity, x-ray and out-patient departments were enhanced. Workmen and decorators gave the new five-story wing, covering an area of 100 by 40 feet, a new hospital entrance to welcome the public (In the Service of Humanity 1889-1943, 1943) (see Appendixes MM, NN).

With enlarged quarters, the institution's seven operating rooms were equipped to treat almost any type of major or minor surgeries. Sister Pertrina Ratliff who was in charge of surgery stated, "Surgery during the last few years has taken great strides in both treatment and technique" (St. Joseph's Hospital Adds to Vital Surgical Facilities, 1943, p. 2). Some of the surgeries were for bone grafting, one of the greatest accomplishments of modern surgery. Two of the surgery rooms accommodated tonsillectomies. In the orthopedic room, body casts were applied for the treatment and prevention of deformities, especially for children (St. Joseph's Hospital Adds to Vital Surgical Facilities, 1943) (see Figure 4.29).

Figure 4.29 Hospital Adds to Surgery Department in 1943

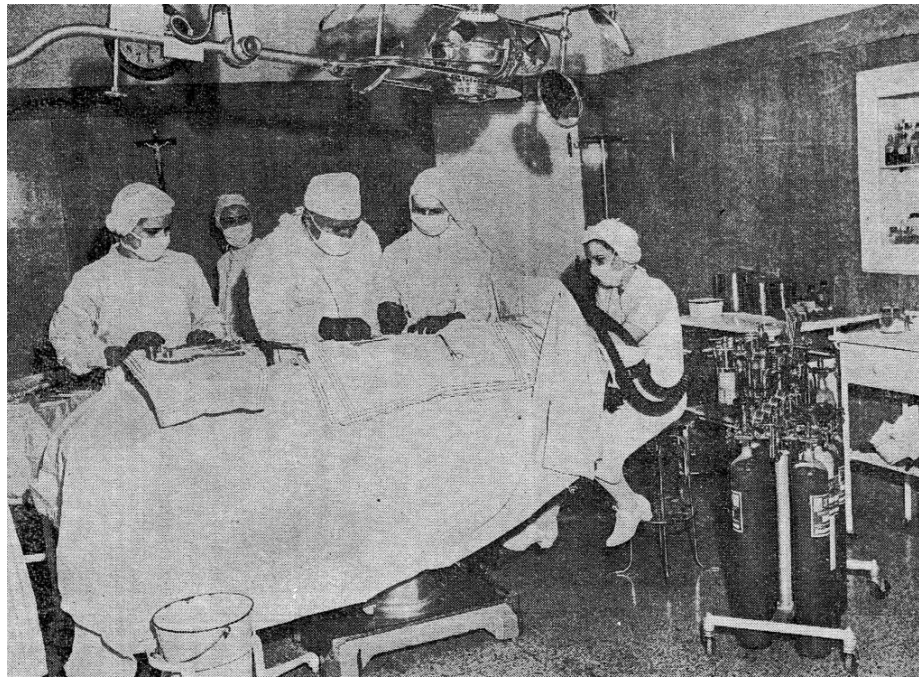


Figure 4.29 Sister Agnes Marie, RN, was assisting a surgeon along with Evelyn Evans as anesthetist, Evelyn Galles, RN, with instruments and Esther Stevens, RN, as circulatory nurse during a major abdominal operation (St. Joseph's Hospital Adds to Vital Surgical Facilities, 1943). Photograph reprinted with permission from the *Sioux City Journal*.

The modern maternity wards improvements were made to keep pace with the demand for services; in 1943, there were 816 babies cared for at St. Joseph Mercy Hospital. The pink and blue color scheme nursery was immaculate with freshly painted white cribs. In the milk laboratory, the babies' formulas were mixed, bottled and kept cool in an electric refrigerator. The new maternity wards were decorated in pastel green with matching curtains which were drawn around each bed for patient privacy. In addition, 12 new private rooms were added and decorated in contrasting color schemes. The Sisters were proud of the room where mothers were given demonstrations of baby

nutrition and which also served as a nurse conference room (New Improvements Brighten Maternity Department, 1943) (see Figure 4.30).

Figure 4.30 New Improvements to Maternity Department

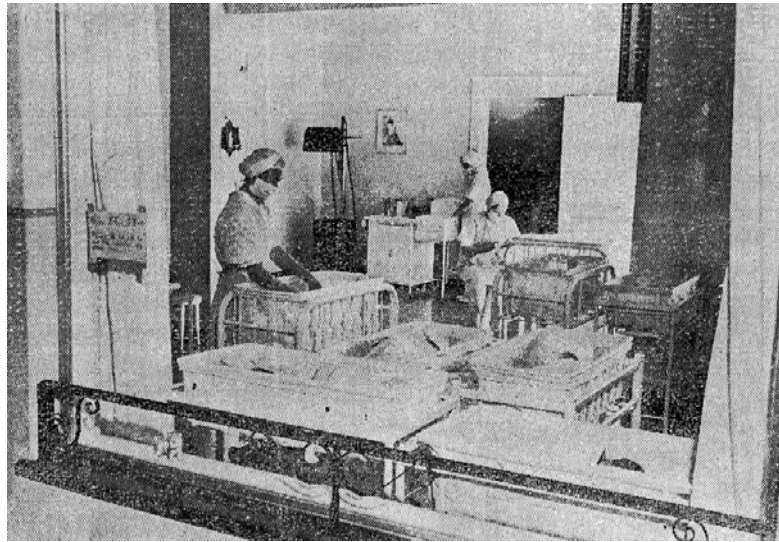


Figure 4.30 A large bay window allowed visitors to view the nursery and the speaking tube allowed them to converse with the nurses in the nursery (New Improvements Brighten Maternity Department, 1943). Photograph reprinted with permission from the *Sioux City Journal*.

The St. Joseph Mercy Hospital housed the tools for an ultra-modern scientific diagnosis and treatment in the x-ray department with Sister Mary Paschal in charge of the new x-ray technician school of clinical instruction. An additional three rooms in the department were used for urology, radiography and deep therapy (Hospital X-ray Rooms Modern, 1943) (see Figure 4.31).

Figure 4.31 X-ray in Operation at Hospital in 1943

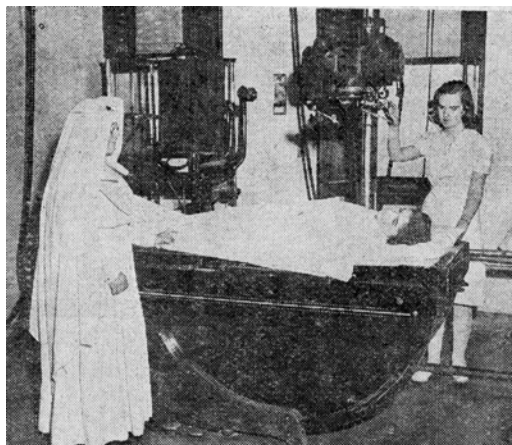


Figure 4.31 Sister Mary Paschal, Registered X-ray Technician, and Mary Jackman were preparing an x-ray demonstration with Kathleen Manning, RN, acting as the patient (Hospital X-ray Rooms Modern, 1943). Photograph reprinted with permission from the *Sioux City Journal*.

On the ground floor of St. Joseph Mercy Hospital, isolated quarters in the first unit were arranged for Mary Priborsky from the Kenny Institute, who was trained for the modern treatment of poliomyelitis. The second unit housed other branches of physiotherapy including thermotherapy, treatment by heat; electrotherapy, treatment by electricity; phototherapy, treatment by light; hydrotherapy, treatment by water; and kinetotherapy, treatment by massage and exercise (Kenny Method of Treating Poliomyelitis to Be Used, 1943).

In 1943, at St. Joseph Mercy Hospital, a new service was the outpatient department which handled non-hospitalization cases. In 1942, Mother Provincial Mary Carmelita informed the medical staff that treating out patients in connection with the operating rooms for the past 20 years was a burden to the surgical department and unfair to both the patients and the Sisters and nurses that worked in the department. The Sisters

of Mercy decided to create a center in the new building where these patients would be examined and treated (Sister Mary Carmelita, personal communication, June 21, 1942; Sisters of Mercy of the Americas, 2014, Box 302-23).

The outpatient department was a miniature hospital with a separate entrance. Patients were not put to bed, and after examination and treatment, were able to return to their homes unless they needed to be hospitalized. The waiting room was similar to a doctor's office suite, and there were 12 available convalescent rooms; all made comfortable and decorated with flowery curtains. The head of the department was assisted by student nurses to staff the outpatient department 24 hours daily (Out Patient Department is Hospital in Itself, 1943) (see Figure 4.32).

Figure 4.32 Outpatient Department was a Hospital in a Hospital



Figure 4.32 Mary Hout, RN, interviewed a patient in the new complete hospital unit while being supervised by Sister Agnes Marie (Out Patient Department is Hospital in Itself, 1943). Photograph reprinted with permission from the *Sioux City Journal*.

Circumstances of disaster and disease. Out of love for God and their neighbors, the Sisters of Mercy of Siouxland continued to live out their faith by assisting

those who were victim to difficult circumstances of disaster and disease. Under the guidance of the Sisters of Mercy, St. Joseph Mercy Hospital in Sioux City would face one of its biggest community challenges.

1949 Swift & Company Plant Explosion. On December 14, 1949, the Swift & Company plant exploded, which became one of the worst disasters in Siouxland's history. There were 90 people injured; 59 were hospitalized and 31 were treated and dismissed. On the first day 19 people were dead and four people were counted missing (Conner, 1982). The first victims arrived at St. Joseph Mercy Hospital outpatient department doors in the back of trucks. Augusta Hefner made an announcement over the speaker system at the school, "Would all students please report to their assigned stations at the hospital" (Conner, 1982, p. 84). For those without assignments, she marched with them to the hospital to help where needed. She found that every RN who had heard of the industrial disaster had responded to the emergency without being called. She marched the students who were unneeded in the hospital, to the chapel—where they stayed on their knees and helped in that manner (Augusta Hefner is Subject of Tribute in Omaha Paper, 1963). Student Rita Ann Buham (class of 1951) recalled the following:

I got through the crowd at the door and knew right away that this was not the usual disaster. Dr. Keane and I started working with a man with possible multiple fractures. His eyes were badly burned by ammonia. The hospital had a good disaster plan. Dr. Fulgrave, who was in charge of the lab, was in charge of the plan. He was very good. There was very little confusion. He'd say to the people, 'I want you here, and you over there. These people will take care of the families and find out who's here and who isn't... We gave some of the patients morphine

for the pain of fractures. We taped a piece of masking tape with the word 'morphine' on their foreheads.... We had to admit a number of people so one nurse went through the hospital dismissing people who could go home to make room for the new patients.... It was a time of pride to know you were part of an organization that could take that many people and handle the situation. (Conner, 1982, pp. 84-85)

Even as each project was completed, with a keen sense of clarity Mother Provincial Mary Carmelita was aware of the demands on the need to continue to build on to St. Joseph Mercy Hospital in Sioux City. The Sisters of Mercy had confidence there was so much good to be done (Sister Mary Carmelita, personal communication, October 2, 1944; Sisters of Mercy of the Americas, 2014, Box 302-23). Sister Mary Ruth reported to Mother Mary Carmelita that the hospital was terribly busy and each day it was just a little bit more challenging. After 27 doctors returned to Siouxland from the military service, the lobby was full when the Sisters came out of the chapel in the morning and was still full at nine o'clock at night. The Sisters were constantly asking the doctors to dismiss patients in order to have a room (Sister Mary Ruth, personal communication, March 14, 1945; Sisters of Mercy of the Americas, 2014, Box 302-23). The hospital continued to be extremely busy all the time; it was a constant struggle to put people in a single room, especially during the polio epidemics (Sister Mary Ruth, personal communication, September 13, 1945; Sisters of Mercy of the Americas, 2014, Box 302-23).

In 1950, Sister Mary Raymond, Mother General, received a request from Sister Mary Carmelita, Mother Provincial, for an addition to St. Joseph Mercy Hospital in Sioux

City. The General Council voted in favor of building another addition at the cost of \$3,000,000. Mother Mary Carmelita submitted a letter and described the financial arrangement to Reverend Mueller and the petition was forwarded to Rome (Sister Mary Carmelita, personal communication, April 12, 1950; Sisters of Mercy of the Americas, 2014, Box 302-23). On June 14, 1950, as prescribed in Canon 543 and the Constitutions, the Sisters of Mercy were granted permission to borrow the sum (Reverend S. M. Pasetto, personal communication, June 14, 1950; Sisters of Mercy of the Americas, 2014, Box 302-23). Reverend Mueller informed Mother Mary Carmelita that she was able to proceed (Reverend Bauer, personal communication, August 18, 1950; Sisters of Mercy of the Americas, 2014, Box 302-23).

Mother Mary Carmelita was burdened with delays during the building project for St. Joseph Mercy Hospital, yet she patiently addressed each. Since the greater part of the hospital was not fireproof, the bank lowered the mortgage amount to two-thirds of the amount requested. As a result, Mother Mary Carmelita petitioned General Council for the one million dollars balance to be divided; half would come from a long term loan from St. Joseph Mercy Hospital, Pontiac, Michigan, and the other half from Leila Y. Post Montgomery Hospital in Battle Creek, Michigan, which would be reimbursed with monthly payments (Sister Mary Carmelita, personal communication, January 21, 1951; Sisters of Mercy of the Americas, 2014, Box 302-23). The Council voted on the request and Mother Mary Bernandine informed Mother Mary Carmelita the Council was in favor of the loan (Sister Mary Bernandine, personal communication, January 25, 1951; Sisters of Mercy of the Americas, 2014, Box 302-23).

The building project was shut down temporarily on February 6th because during the Korean War the government had picked up the steel which had been allotted to the project (Sister Mary Carmelita, personal communication, February 6, 1951; Sisters of Mercy of the Americas, 2014, Box 302-23). So the Sisters of Mercy in Sioux City made an application for a 10 month loan for \$50,000 to pay off a mortgage loan before starting a new one. Their request was denied because they needed to submit collateral in the form of securities. Mother Mary Carmelita contacted Monsignor Smith to present the dilemma and requested his assistance in dealing with the contractor to set a date to finish the building. Mother Mary Carmelita she did not want to be unreasonable and she knew the Sisters of Mercy needed to accept each day's problems and to try and solve them quietly. At the same time, her keen sense of clarity saw the need to push for the building's completion. The mortgage company's financial support would not be released until there was assurance the building would be completed in a reasonable length of time (Sister Mary Carmelita, personal communication, June 18, 1951; Sisters of Mercy of the Americas, 2014, Box 302-23).

Construction started again after the delay of several months, which impacted the project cost. On July 11, 1951, Mother Mary Carmelita petitioned the Sisters of Mercy and the Bishop for permission to borrow \$500,000 to assist in absorbing the increased building costs of the new addition (Sister Mary Carmelita, personal communication; Sisters of Mercy of the Americas, 2014, Box 302-23). The General Council voted in favor and the petition was forwarded to Rome (Sister Mary Bernandine, personal communication, July 15, 1951; Sisters of Mercy of the Americas, 2014, Box 302-23). On August 16, 1951, as prescribed in Canon 543, the Sisters of Mercy were granted

permission to borrow the sum (Reverend S. M. Pasetto, personal communication, August 16, 1951; Sisters of Mercy of the Americas, 2014, Box 302-23).

St. Joseph Mercy Hospital's seven-story addition was formally dedicated on October 7, 1952. St. Joseph Mercy Hospital was the largest hospital in Sioux City and one of the largest in the Midwest. The institution employed more than 600 persons.

The X shaped addition's final reported cost was \$4,563,000 increasing the hospital to 500 beds and 40 bassinets. The new addition shape provided the essential sunlight and maximum direct outlook from the windows. The plan provided a central shaft and four wings, each having a complete nursing unit. The vertical transportation in the central shaft serviced all departments with the maximum number of patient beds located in the wings with all close to the point of service. The nurse's travel was cut to a minimum. The new obstetrical department contained three labor rooms, two delivery rooms and was designed to have the best equipment in Siouxland. Other new departments included a separate pediatric nursery, a locked and an open psychiatric unit, and occupational therapy. The hospital had 18 operating rooms; in addition, the outpatient department consisted of four emergency rooms, six examination rooms, three recovery and convalescent rooms, one autopsy room, waiting rooms, and a dental room (New Addition to St. Joseph Mercy Hospital in Sioux City Blessed in Private Ceremony Oct. 7, 1952; Four and One-Half Million Dollar St. Joseph Hospital Addition is Near Completion, 1952; Hospital Grows Steadily Through Past 50 Years, 1965; St. Joseph Mercy Hospital: Serving Siouxland 75 Years, 1965) (see Appendix OO).

The new hospital construction had begun two years earlier under the supervision of Sister Mary Dorothy, Superintendent, and the second year came under the supervision

of Sister Mary Anastasia, Superintendent. Beginning in January of 1952, as floors were completed they were opened for patients. Mother Mary Carmelita had been involved in the building and personally supervised critical points of construction. She shared with other Sisters the following:

Love of our neighbor is a love of obligation. It should be a love full of kindness, always trying to help others by use of your time, your talents, your affections, and all that characterizes true charity; because it is the bond of perfection by which the weakness of human nature is absorbed, and the tie that holds us together in unity as religious. Charity can raise us to lofty heights by its evidence of doing good [*sic*] to others. In this we can imitate Christ's charity... If Christ is to dominate in us, we must foster charity so our souls will be attuned to the spiritual good of those with who we live. Bearing one another's burdens is difficult, but this victory can be won by patience. (Sister Mary Carmelita, personal communication, June 25, 1945, pp. 1-2; Sisters of Mercy of the Americas, 2014, Box 302-23) (see Appendix PP)

With a keen sense of clarity, Mother Mary Carmelita was attuned to the need for the building, so she pushed for the building's completion by the dedication, but because of polio the unveiling came sooner.

1952 Polio Epidemic in Siouxland. Polio was not a new disease to the people of Siouxland, according to Sister Mary Coralita Ellerbrock (class of 1948), Florence Boles, and Margaret Jacobsen (class of 1938) (1953). Since 1946, polio appeared annually in the area. St. Joseph Mercy and St. Vincent Hospitals were the two primary treatment centers with polio departments in Siouxland. July of 1952 saw the worst outbreak in

Sioux City's history and the polio epidemic in Siouxland was ranked at that time as the worst in the United States (Polio Claims Three More Lives: City Epidemic Ranks Worse in the United States, 1952, p. 1).

The clarity of the Sisters' decision making shone most brightly when St. Joseph Mercy Hospital, under the guidance of the Sisters of Mercy, opened their doors for those in Siouxland who were sick and dying during the poliomyelitis epidemic. As a result, the hospital received the majority of those who were suffering and the staff gave care and aid to their families (McHugh, Brussels, & McHale, 1962) (see Appendix QQ).

During the summer of 1952 in the bleakest point in the city's medical history, the local hospitals treated 923 cases, 53 of these fatal. St. Joseph Mercy Hospital served 738 of these polio victims (McHugh et al., 1962). Swimming pools and other public places thought to harbor the disease were avoided, and parents fearfully sent their children to school. The polio epidemic peaked the same year as the massive Missouri River flood. The double-barreled disasters captured headlines across the nation and focused the nation's attention and sympathy on the Sioux City area. As a result of the 1952 polio epidemic, Siouxland became the front line for the war to conquer polio (Smith, 2009).

1952 Hammon Gamma Globulin Field Trial in Siouxland. Community action was bolstered and national health agencies united for the prevention and treatment of polio victims. Dr. William McDowall Hammon, of the University of Pittsburgh Graduate School of Public Health, led the first major breakthrough in prevention of the disease by using passive immunization in one of the earliest double-blind, placebo-controlled clinical trials. The National Foundation for Infantile Paralysis funded a 1951 pilot study

in Provo, Utah, and two 1952 controlled field tests, the first field test in June, 1952, at Houston, Texas, in Harris County (Rinaldo, 2005).

On July 16, 1952, the *Des Moines Register* reported that Sioux City was the polio hot spot of the nation (Polio Cases in Sioux City Climb to 153, 1952, para. 1). Representatives of the National Foundation for Infantile Paralysis arrived in Sioux City to evaluate the poliomyelitis epidemic in western Iowa, and reported no other area in the United States had a higher incidence. Public health officials considered polio an epidemic when there were 20 cases per a population of 100,000, and at that time there were 76 cases per 100,000 in the Sioux City area (Polio Cases in Sioux City Climb to 153, 1952, p. 1). As a result, the second Gamma Globulin Field Trial was planned for July in Sioux City, Iowa in Woodbury County, Iowa and Dakota County, Nebraska (Rinaldo, 2005).

The Gamma Globulin Field Study needed the approval of the Woodbury County Medical Society, Nebraska and Iowa State Medical Societies, state and city health officials, and the Association of State and Territorial Health Officers (Mass Polio Test in Sioux City, 1952). Johnson pledged the unanimous support of members of the Woodbury County Medical Society. In order to establish scientific validity, only half of the 16,500 inoculated needed to receive the material being tested. No one who administered the free inoculations knew which syringes contained which of the two materials (Polio Program at a Glance, 1952). One parent said as they waited in line at the clinic, "A 50-50 chance is better than none and we have nothing to lose" (Awaiting Turns, 1952, p. 8).

On July 21, 1952, Hammon submitted a news release in the *Sioux City Journal Tribune* stating:

The eyes of the world are on Sioux City today as the polio study tests get under way here. The results of these trials, the largest controlled tests involving human beings in the history of polio research, may have far-reaching effects in taking the vicious sting out of polio epidemics of the future. This is an important aspect of the study and one in which Sioux City is to play a central part. (Eyes of the World Fixed on Polio Crusade Here, 1952, para. 3)

The 1952 Gamma Globulin Field Study carried on for six days with five clinics operating each day (Polio Testing Nears End: Disease Causes 16th Death, 1952) (see Figure 4.33).

Figure 4.33 Nurse Gives a Treat after Shot in 1952 Study



Figure 4.33 Two-year old Steven Mead was given a lollypop after being inoculated at a clinic from volunteer nurse Sara O'Neill (class of 1921). The former St. Joseph Mercy Hospital Supervising Nurse of the outpatient department had retired on July 1st. However, the Mercy nurse's retirement was short lived when the need arose for

volunteers for the polio program (A Treat after Shot, 1952). Photograph reprinted with permission from the *Sioux City Journal*.

After the final clinic closed, Hammon returned to Houston, but two nurses remained to help at St. Joseph Mercy Hospital and a team of scientist remained for the next three months to observe the results of the gamma globulin field trials. The team was to determine if paralysis from poliomyelitis was prevented in those who received gamma globulin compared to those who received a placebo. This would provide the first evidence that antibodies to the poliovirus could prevent the disease in humans (First Phase of Polio Field Test Here Ends This Evening: Epidemic Believed on Wane, 1952; Rinaldo, 2005; Smith, 2009; Women Leaders Briefed on Role in Polio Study, 1952).

Nursing, medical, and hospital staffs had plans set for seasonal occurrences of the poliomyelitis patient. Each year a department was designated at St. Joseph Mercy Hospital for poliomyelitis patients. The pediatric supervisor was responsible for organizing the polio unit during the epidemic months when the daily patient averages would reach 50. A group of polio nurses' names were kept on file with the understanding that when nurses were needed for polio care, they would be the first called. Beginning June 2, 1952, the poliomyelitis patients admitted rose from three to five to seven daily. By June 20, 1952, all the nurses on file were working in the polio unit. Nursing graduates from Siouxland hospitals volunteered to work on their days off. Surrounding communities released staff nurses for duty in the polio wards in Sioux City (Coralita, Boles, & Jacobsen, 1953).

As the epidemic became worse and the nursing responsibilities increased, there was a need for a more detailed and organized nursing group to direct and coordinate the

various nursing activities necessary to provide total patient care. A committee was formed with one nurse representative from each hospital, one faculty member from each nursing school, a nurse representative of the American Red Cross, the executive secretary of the American Red Cross Sioux City-Woodbury County Chapter, and a representative from District One of Iowa State Nurses Association. Later the committee expanded to include hospital administrators of the four Sioux City hospitals, supervisors of the polio wards, the Sioux City-Woodbury County Health Department's representative, and a school nurse who was elected chairman. The duties of the committee were to serve as a resource group to consider the professional, educational, and personal problems relating to the nursing care of the poliomyelitis patient. The committee assisted the hospitals in evaluating the nursing staff needs, recruited local nurses, cooperated with the Sioux City Red Cross Chapter with the needs of the recruited nurses, and acted as an advisor to the Sioux City Chapter of the National Foundation for Infantile Paralysis (Coralita et al., 1953). A list of available rooms and apartments in the Sioux City vicinity were secured by the housing committee. All recruited nurses from outside the area were met at the train or plane and orientated to the facility immediately. A coffee party was given by the various alumni associations (Coralita et al., 1953).

The National League for Nursing (NLN) was contacted for consultation services. The consultant arrived and helped organize the St. Joseph Mercy Hospital polio floor and organized an educational program for nurses. Due to the early rapid increase of polio patients and the prevalence of the bulbar polio type, nursing resources were not sufficient. Nursing administrators from the two Sioux City hospitals that admitted polio patients, St. Vincent and St. Joseph Mercy Hospitals, appealed to the American Red

Cross Sioux City-Woodbury County Chapter for volunteer nurses. The first Red Cross recruited nurses arrived in Sioux City on June 24, 1952. During the summer, 39 nurses were recruited from 18 states and the District of Columbia. Many of these nurses remained longer than their specified assignments as the disease continued in epidemic proportions (Coralita et al., 1953).

Mother Mary Carmelita had come to Sioux City to monitor the progress on St. Joseph Hospital. Sr. Elizabeth Mary Burns recalled the events as follows:

On July 15th Mother Mary Carmelita happened to go through the outpatient room around nine o'clock in the evening. There were a number of polio patients on gurneys in the hallway, waiting for beds to open up. Sister decided then and there that we would open one floor of the new hospital that evening. And we did, not without stress and not without criticism from the construction company which insisted the building was not ready for occupancy.... She was a woman who cared about suffering people, who knew something had to be done and did it.

(Sister Elizabeth Mary Burns, personal communication, 2009; Sisters of Mercy of the Americas, 2014, Box 202-26)

Mother Mary Carmelita called all hospital personnel to help make room for more polio victims arriving each hour. The Sisters of Mercy, employees, and volunteers stayed up all night moving the 80 polio patients in beds from a ground-floor ward to the sixth floor while electricians worked feverishly to install the necessary wiring for the iron lungs in the partially painted department. Within 24 hours, the patients, including the iron lungs, were moved from the pediatric unit to the new unveiled wing that became

known as the polio floor (Three Die of Polio at Sioux City, 1952; Coralita et al., 1953; Hospital Grows Steadily Through Past 50 Years, 1965).

To keep things running smoothly, Sister Mary Coralita Ellerbrock (class of 1948) became the director of nursing in place of Sister Mary Gerald, who left those duties to allow her to coordinate the nurses and doctors and organize the polio floor (Conner, 1982). The polio floor had four wings and each of the wings was designated to provide care for one of the different types of polio: (a) low spinal, (b) bulbar, (c) respiratory, and (d) convalescent patients. The penthouse was transformed into a nurses' dressing room where they changed from street clothes to the special blue, green, and yellow seer-sucker isolation gowns, which were made by the community volunteer workers (Coralita et al., 1953) (see Figure 4.34).

Figure 4.34 Little Polio Victim Gets a Letter from Home



Figure 4.34 Sister Mary Coralita (class of 1948), Director of Nursing, looks on as Nurse Shearer, Pediatric Supervisor, reads a letter to Lana Drager, age 10, of Onawa, Iowa who had been in the iron lung for the past two weeks (Little Polio Victim Gets a Letter from Home, 1952). Photograph reprinted with permission from the *Sioux City Journal*.

In July 1952, the nation became aware of the polio epidemic in Siouxland.

McHugh, Brussels, and McHale (1962) reported:

Local and state health officials, members of the Woodbury County Medical Society, nursing organizations, hospital authorities, polio foundation representatives, and our citizens were doing everything possible to cope with the situation by giving care to the large number of patients being admitted to the hospitals each day and trying to bring this epidemic under control. (p. 2) (see Figures 4.35, 4.36, 4.37)

Figure 4.35 Nurse Shortage Slows Polio Battle



Figure 4.35 With the polio rate in the Sioux City area the highest in the nation, St. Joseph Mercy Hospital was being heavily taxed to provide necessary facilities. Since one of the main problems was the shortage of nurses, four iron lungs were set up in one room so that each nurse was able to attend to a greater number of patients. Margaret Conrad (left) and Laura Chicoine, nurses, oversaw treatment of (clockwise, bottom, left) Gordon Greta, Gene Prichard, age 11, Hornick, Iowa ; Norman Weber, age 32, Westfield, Iowa and Carroll Wright, age 6, Sioux City (Nurse Shortage Slows Polio Battle, 1952).

Photograph reprinted with permission from the *Sioux City Journal*.

Figure 4.36 Group Beds Ease Job of Nurses



Figure 4.36 If patients were in individual rooms they required additional nurses to care for them. Due to the shortage of nurses in the isolated ward, nurses at St. Joseph Mercy Hospital grouped polio patients and their beds in the corridor as close together as possible

to save time for the attending nurses (Group Beds Ease Job of Nurses, 1952). Photograph reprinted with permission from the *Sioux City Journal*.

Figure 4.37 St. Joseph Mercy Hospital's Respiratory Room



Figure 4.37 Mothers are there for support as nurse gives care to the two polio patients in the respiratory room. Photograph reprinted with permission from the March of Dimes.

The polio nursing classes beginning mid-July at St. Joseph Mercy Hospital were open to all professional nurses, inactive nurses, and graduate and student nurses from the five schools of nursing located in the area. Teresa Fallon, a member of Hammon's polio survey team, helped to arrange the teaching program and the practice sessions. Mary Kennedy, Woodbury County Red Cross Director, initiated the special classes on the care of poliomyelitis patients for nurses (see Figure 4.38).

Figure 4.38 Volunteer Nurses in Emergency Training Course



Figure 4.38 In July 1952, volunteer nurses are taking the emergency training course at St. Joseph Mercy Hospital. Photograph reprinted with permission from the March of Dimes.

Demonstrations were given on the care of the polio patient with a tracheotomy, care of the patient in a respirator, application of hot packs, and the complete care of the patient in all phases of the disease. Siouxland doctors discussed the acute phase of the disease, the orthopedist discussed the supportive measures, the psychiatrist discussed the psychological factors, and the physical therapist discussed the rehabilitation process. The follow-up routine was presented by a public health nurse from the Iowa State Department of Health. The programs were given in cooperation with the Woodbury County Medical Society, the National Foundation for Infantile Paralysis, Sioux City nursing organizations, and the Red Cross (Coralita et al., 1953; Three Die of Polio at Sioux City, 1952) (see Figure 4.39).

Figure 4.39 Volunteers Watch Demonstration of Hot Packs



Figure 4.39 On September 10, 1952 at St. Joseph Mercy Hospital, volunteers are watching the demonstration of hot packs. Photograph reprinted with permission from the March of Dimes.

During that time, more nurses were needed for the approximate 100 poliomyelitis patients in the two hospitals, with St. Joseph Mercy Hospital handling 85% of the cases. Woodbury County had 13 iron lungs and only four were on stand-by basis with nine in operation (Polio Cases in Sioux City Climb to 153, 1952). Dr. J. H. Humphrey, Chairman of the Sioux City Infantile Paralysis Chapter stated, “This is the worst thing I have seen since an influenza epidemic in our army camps during World War One,” (Three Die of Polio at Sioux City, 1952, para. 4).

An appeal for hot pack materials was made by the Woodbury County Chapter of the National Foundation for Infantile Paralysis through the radio and press. Hundreds of blankets were donated by residents of Sioux City and the surrounding area. They were washed by a local laundry and were delivered by Sioux City police squad cars to the cutting centers. The blankets were sorted by volunteers from the women's church groups. The blankets were cut into the proper sizes by a local manufacturing company that donated its employees' time and machines. Six sewing centers were set up by these same church groups and approximately 400 women worked tirelessly at their machines sewing packed material. They also made loin cloths which were worn by polio patients while they were in bed or receiving hydrotherapy and physical therapy. Many bolts of seersucker cloth were cut and sewn into simple and cool isolation gowns and Hoover aprons. Approximately 1000 diapers were torn from cotton blanket remnants and several hundred knee rolls and shoulder pads were made from remnants and covered with waterproof plastic left from the hot pack covers (Coralita et al., 1953) (see Figure 4.40).

Figure 4.40 Ready Hot Packs at Hospital for Polio Fight



Figure 4.40 Dr. Humphrey counted the hot packs used in the treatment of polio at St. Joseph Mercy Hospital, as (left to right) Mrs. John Rose, Mrs. Basil Prichard, Mrs. Norman Weber, and Mrs. R. A. Youngstrom made packs (Ready Hot Packs for Sioux City Polio Fight, 1952). Photograph reprinted with permission from the *Sioux City Journal*.

At the same time, the Sioux City Air Force came to fight in the war on polio and Commander Colonel John A. Carey volunteered servicemen and resources. The Sioux City Air Force flew a C-47 to obtain more iron lungs from the National Foundation for Infantile Paralysis supply in Minneapolis, Minnesota (Two New Polio Patients Here, 1952). Not only did the Air Force help, the Navy Hospital Corpsmen came to aid the polio floor (Coralita et al., 1953) (see Figure 4.41).

Figure 4.41 Sister of Mercy and Navy on Job in Polio Ward



Figure 4.41 Three of 12 Navy Hospital Corpsmen who were flown from Great Lakes, Illinois, to help out in the polio emergency manned their posts at Sioux City's Mercy Hospital along with Sister Mary Gerald Hastings (class of 1944). The corpsmen (left to right) were Don McDaniel, Lebanon, Tennessee; Marvin West, Minneapolis, Minnesota; and Joseph Pipkin, Campbell, California with patients in respirators (iron lungs) Gail Harrison (left), age 30, of Hinton, Iowa, and Mrs. Eleanor Heckathron, age 41, of Wausa, Nebraska (Navy on Job with Sister in Polio Ward, 1952). Photograph reprinted with permission from the March of Dimes.

Student nurses were able to volunteer to work in the polio wards. According to the nursing school policy, students were to have two free days a week for study and recreation. However, during the month between the summer and fall semester, students were allowed to volunteer on one of their days off. The American Red Cross Sioux City-Woodbury County Chapter offered to count volunteer hours in this public service toward the required hours necessary for recognition as a Red Cross nurse. Students were not paid for their volunteer work. The students were also assigned to the outpatient department which served as a diagnostic clinic. During the summer of 1952, there were 710 lumbar punctures performed in the department (see Appendix RR). A total of 773 volunteer student hours were spent in polio nursing during that month. Every student volunteered to work and the only difficulty the faculty encountered was persuading the students to have at least one free day each week (Coralita et al., 1953).

Mother Superior Mary Carmelita called upon nuns and nurses from different areas to come to help. Sister Elizabeth Mary Burns (class of 1952) had graduated from St. Joseph Mercy School of Nursing in July and had just left Sioux City to make her final

vows as a Sister of Mercy in Detroit; however, when she got the call she came back to Siouxland. Sister Elizabeth Mary shared the following:

I worked the night of 11 PM to 7 AM and I worked in the respiratory hall.

Respirators were lined up out in the hall and in the room. We kept perhaps 25 or 30 patients there. It was heartbreaking...you just felt helpless. It wasn't an ordinary kind of nursing where you'd take care of someone and feel good about it. We'd take care of people and feel depressed. Not all the patients died, but a great percentage of them did. Mostly we could comfort the patients and help them be as comfortable as possible... I remember there was a 19-year old college student—a handsome human specimen. He just went from bad to worse and finally died. Another woman was five months pregnant. We put her in an iron lung and were hoping we could keep her alive long enough so that perhaps if she couldn't live, the baby would but we weren't able to save her or the baby. Doctors were just wonderful to the patients. They were there day and night taking care of them. The nursing staff was excellent, too. To me it was a very difficult experience. Here were all these young people and I also was young. I could just see them deteriorating; there was so little we could do. It crossed my mind that I might get polio; we'd come in contact with so many people. But we all seemed to come through it all right. I was a little afraid at first; I'd never taken care of those kinds of patients. I had just finished basic nursing and I still had to take my state boards. I felt very inadequate, but we all helped each other out. Many of those I worked with were people I'd known. (Conner, 1982, pp. 95-96)

The epidemic situation stimulated interest in the annual March of Dimes campaign that provided funds for the National Foundation for Infantile Paralysis and the local Chapters to insure prompt and proper care to polio victims. Never had there been any delay or any question about admission of polio victims to any local hospital, or any hospital equipped for treating polio. In every instance, payment of the initial treatment was guaranteed by the Woodbury County Chapter of the National Foundation for Infantile Paralysis from the annual campaign. The matter of financing was discussed with the family of the polio victim or with the patient personally if the patient was an adult wage earner. Special polio insurance providing family coverage was in an increased demand in the Siouxland area. With polio insurance, the cost of treatment was reduced by payments made under the policy. Many families were financially able to bear part or all of the expense of treatment, depending upon the amount (Dealing with Polio, 1952).

On July 28, 1952, a call for Polio Emergency Volunteers (PEV) to assist in the work was issued by the Woodbury County Chapter of the National Foundation for Infantile Paralysis (Ask Volunteer Polio Workers, 1952). The classes were taught by Helen Kane of New York, consultant in orthopedic and poliomyelitis nursing for the National League of Nursing (NLN). Lectures were presented by physicians. Practice periods were given by Marjorie Gould, University Hospital, Iowa City, Gladys Holm (class of 1933), clinical supervisor for surgery at St. Joseph Mercy Hospital, and Barnadette Gille, supervisor of nurses' aides at St. Joseph Mercy Hospital (Train 100 Here in Polio Care, 1952).

Even though new poliomyelitis cases were decreasing, on August 5, 1952, an urgent appeal for nurses and volunteers to care for the recovering polio patients continued (Report 15 More Cases of Polio, 1952). One of the main duties of the PEVs was to feed the patients, which relieved the nurses for more technical care of the patients. They also contributed their services in distributing mail and gifts, staffing information desks, visiting and cheering patients, reading to the children and respirator (iron lung) patients, and writing letters. These people were asked to give two hours a week, but many were so interested and so aware of the great need that they gave additional time. Men were especially helpful with the patients in wheelchairs that were receiving hydrotherapy and physical therapy (Coralita et al., 1953; Volunteers Help in Battle Against Polio, 1952).

Sister Mary Anastasia, Superintendent of St. Joseph Mercy Hospital made the following announcement:

The people of Sioux City and adjoining counties have generously supported the fight against the disease with their dollar. Part of the contributions was used to supplement hospital and nursing services for the patient. Without this cooperation, we at St. Joseph Mercy Hospital would have been greatly hampered. Many patients and families, who benefited, join the hospital staff in thanking those who have helped provide polio patients with their optimistic chances of recovery. (Train 100 Here in Polio Care, 1952, para. 8)

Teresa Fallon, from Dr. Hammon's team, issued a call for body supports to aid in the treatment of poliomyelitis victims. Postmaster Harry J. Gleason was placed in charge to fulfill the list which included: (a) 100 stationary foot supports, (b) 75 fracture boards hinged in three sections, (c) 26 metal arm supports for respirators (iron lungs), (d) 30

adjustable foot supports for respirators (iron lungs), and (e) 30 crib boards. The equipment manufacturing was accomplished through the cooperation of the local lumber companies and a sheet metal firm which furnished the material and the work needed for metal and wood supports. Even the truck drivers' strike did not stop two drivers from shipping the materials with a loaned truck from a local transportation company. In the Heelan High School workshop and the basement of the post office, 15 carpenters from the local union prepared the lumber into various sizes. Twenty-five postal carriers, mail handlers, and postal supervisors contributed their time and effort to sand and shellac the boards with material supplied by a paint and glass company (Coralita et al., 1953; Volunteer Workers, Using Gift Material: Ease Convalescence for Polio Victims, 1952).

In the beginning of August, administrators at the St. Joseph Mercy and St. Vincent Hospitals requested aid from the Red Cross and the National Foundation for Infantile Paralysis in obtaining more nurses and therapists. A total of 210 persons were under treatment and the unofficial total cases reported by the health department had reached 428 for the year (Help Shortage Still Plaques Two Polio Wards, 1952). The President of District One of Iowa State Nurses Association and an instructor Margaret Jacobsen (class of 1938) from the St. Joseph Mercy School of Nursing spoke on a radio program at Ames, Iowa on polio nursing (Westfield Man Dies of Polio, 1952).

Several trained and student nurses from Carroll, Iowa were assisting at St. Joseph Mercy Hospital, while others came from Yankton, South Dakota. In addition to the Red Cross nurses and eight staff nurses, several part time nurses were working in the department at St. Joseph Mercy Hospital. Nurses from Siouxland on their days off were putting in time on the polio work in the community. On August 6th, the 24th recruited

Red Cross nurse arrived with 21 still on duty (Help Shortage Plagues Two Polio Wards, 1952).

A Red Cross nurse, Ouida (Martin) Larson Olson, RN recruited by the Red Cross and Civil Defense in Midland, Texas, came to battle polio in Siouxland. Olson shared, “The polio epidemic brought Sioux City together. People were scared to death, but they were scared for one purpose and that was to fight the disease” (Caregivers Recall Summer ’52, 2002, p. 1) (see Figure 4.42).

Figure 4.42 Red Cross Nurse in Siouxland



Figure 4.42 Red Cross Nurse Ouida Martin (center) tended to a patient transferred by a stock truck to the University of Iowa Hospitals at Iowa City for further treatment during the 1952 polio epidemic in Sioux City (Caregivers Recall Summer ‘52, 2002, p. 1).

Photograph reprinted with permission from the Sioux City Research Center.

Red Cross Nurse Ouida (Martin) Larson Olson shared with this researcher:

Polio made me a special nurse. It was an experience I will never forget. We not only had the patients to care for, we had the families to contend with. It was unbelievable. They were almost worse, than the patients per se. To have them be shocked to death with: hey- my wife was fine yesterday; my child was fine yesterday; what's wrong with my child today? It happened that quickly. We were so busy taking care of the patients, it was a very bad time, but we all came together. Doctors were learning with us. When it came down to the nitty-gritty with polio, nobody knew everything about polio. So we had to play it one day at a time and try to keep them alive until we found out something. You put that tracheotomy down those throats and try to keep them alive 24 hours a day 7 days a week. You needed faith, hope, and charity. I did a good job, along with all the other nurses and volunteers. I thought we handled it as best as we could. We lost the least percentage of anyplace that had it. So we had a little pat on the back, because I tell you, we worked our tails off twenty-four hours a day to keep them alive... Nobody, nobody would ever know what we went through, pure, simple, cut, and dry. I tell you, but you know what if I had to do it all over again, I would do it again. Absolutely, I gave it my whole and so did all the other nurses as well. (Ouida Olson, personal communication, March 19, 2009; Smith, 2009)

On August 20, 1952, Dr. Hammon announced to Siouxland the following:

Residents of the community should feel greatly relieved at this continued trend of reduced danger. However, this epidemic, when terminated, will have been one of the most serious ever to have struck an urban area the size of Sioux City and South Sioux City... The people of Woodbury and Dakota Counties will have

contributed to a very important and history making medical experiment... Your community responded to the emergency splendidly. Your doctors and nurses have toiled tirelessly. Two of your hospitals threw open their doors to care for the tremendous number of cases from several counties.

From early confusion from this unprecedented rush of serious cases, what I observed today is a miracle. There was order, quiet, and methodical, careful, and expert care. Through the assistance of the National Foundation for Infantile Paralysis and the Nation Red Cross, respirators, hot pack machines, doctors, nurses, and physical therapists have been brought in, and in addition, large numbers of local residents have volunteered....

We rejoice with the residents of this area that the danger is rapidly decreasing and appreciated tremendously the remarkable cooperation shown us during this misfortune, by which important knowledge for the future control of this disease may be obtained. (Expert Praises Success in City, 1952, p. 1)

Because of the 1952 polio epidemic experience, St. Joseph Mercy Hospital nursing staff recognized the epidemic presented an educational challenge, not only for the nursing students but for community groups as well. The experience was meant to help student nurses meet the challenges of broad social and health planning in the community. The Siouxland polio planning committee at St. Joseph Mercy Hospital made the following recommendations for meeting emergencies:

1. To allay the fear of polio prevalent among nurses, a strong student nurse program giving experience in polio nursing is essential.

2. To insure efficient patient care, a planned orientation program is needed to help the inexperienced or inactive volunteer nurse and auxiliary worker adjust to the hospital.
3. To provide supervisory personnel, nurses should be encouraged to take advanced courses in poliomyelitis and orthopedic nursing.
4. To alleviate the problems of local nurse recruitment, advanced planning with local Red Cross chapters and other community groups is necessary.
5. To insure adequate nurse power in this area, a permanent roster of nurses who have or will do polio nursing should be maintained. (Coralita et al., 1953, p. 938)

In November, 1952, the Iowa State Health Department reported the tests with gamma globulin have shown the following results:

1. Gamma globulin affords relatively high protection against polio from the second through the fifth week after the injection. Of the cases studied, which developed polio during this period, only 13.6% of the cases were children who had received the gamma globulin.
2. Some protection was given by gamma globulin when the disease developed before or after this four week period.
3. The severity of the disease and crippling after-effects were less in cases who had received gamma globulin. (Research Brightens Polio Outlook, 1952, p. 2)

On December 10, 1952, Basil O'Connor, President of the National Foundation for Infantile Paralysis, presented a certificate to the Woodbury County Medical Society for

the work in the historic gamma globulin field trials. An estimated 250 people, representing all groups connected with the project, were invited to the dinner (Give Doctors Polio Awards, 1952).

The award was given to the community for the enthusiastic support, leadership, and cooperation which gave inspiration and courage to the nation. The community pioneered for the nation and all humanity a path that eventually would lead to the control of poliomyelitis disease. O'Connor announced, "Man has scientifically prevented paralytic polio in human beings for the first time in history." Furthermore, he called the field trials "a magnificent epic of modern medicine and notable example of Americanism in action" (Woodbury County Medical Society Receives Polio Foundation Award, 1952, p. 1; McHugh et al., 1962, p. 5) (see Appendix SS) (see Figure 4.43).

Figure 4.43 Sisters of Mercy and Basil O'Connor in 1952



Figure 4.43 Administrators of Sioux City hospitals were invited to the dinner. The Sisters of Mercy were paid tribute in absentia; the Rule of their Order did not permit their

attendance at public events. The Sisters were represented by Reverend Bauer, hospital chaplain. Basil O'Connor (on the left), President of the National Polio Foundation, visited St. Joseph Mercy Hospital to thank the Sisters of Mercy, Sister Anasthasia (on the right) and Sister Mary Ruth (in the middle). Photograph reprinted with permission from the March of Dimes.

Impact on Nursing

Sisters of Mercy. The year 1941 commemorated the 100th anniversary of the death of the loved Foundress Mother Mary Catherine McAuley. The Religious Sisters of Mercy Order were united in a spirit of gratitude to God for having given them a saintly Mother and through the years having manifestly blessed so many through the works of the Institute she founded. On November 11, 1941, in honor of Mother Mary Catherine the Sisters had three recreational days as granted from Mother General Mary Bernandine of the Sisters of Mercy of the Union in the United States of America (Sister Mary Bernandine, personal communication, November 5, 1941; Sisters of Mercy of the Americas, 2014, Box 202-26).

With the perpetuation of Religious Sisters of Mercy assignments, the Sisters were steadfast and persevered during each era with coming to and going from Siouxland. These women in Siouxland, largely unknown, bestowed their inestimable service and kindness with their nursing care. Sister Mary Stanislaus Carey was a representative of one of many of the Sisters of Mercy who went unnoticed doing her Mercy work.

Sister Mary Stanislaus Carey. Sister Mary Stanislaus Carey gave more than 60 years of service to the sick and afflicted in Iowa with more than 37 years spent in Siouxland. Sister Mary Stanislaus was born July 14, 1876 in Nevada, Illinois. Her

baptismal name was Julia Carey. In 1884, she moved to Marcus, Iowa, with her parents and moved again at the age of 16 to live with her grandmother in Mendota, Illinois. She completed her high school education at Rock Valley, Iowa. Sister Mary Stanislaus entered the novitiate of the Sisters of Mercy at Dubuque in 1897 and professed in the Order on March 19, 1900 (Iowa Hospital Leader Dies, 1958; Last Rites Held for Retired Sioux City Sister of Mercy, 1958)

Sister Mary Stanislaus' professional career began with her graduation from nursing training in 1903. She worked in Dubuque for nine years as Floor Superintendent, followed by Cresco for three years as the Surgical Supervisor and Superintendent, and after that to Mason City for six years as the Superintendent. She would eventually come to Siouxland in 1921 and resided as the Superintendent for 18 years (see Figure 4.17). In 1945, she was reassigned to do nursing in Mason City and Fort Dodge, each as the Superintendent for three years. In 1950, Sister Mary Stanislaus celebrated her Golden Jubilee. She returned to Sioux City to retire in 1951 and passed away at the age of 81 on January 19, 1958. The rosary was recited during Sister's wake and a solemn requiem high mass was given. Six local doctors were her honorary pallbearers for her burial at Calvary Cemetery in Sioux City (Iowa Hospital Leader Dies, 1958; Last Rites Held for Retired Sioux City Sister of Mercy, 1958).

Sister Mary Stanislaus served God by comforting others, lending them cheer, participating in the graces of community life, and devoting herself to the busy quiet routines of her various nursing responsibilities. Her Mercy work was not in any one glorious moment but quietly, slowly and unassumingly. After a life of devotion and unselfish acts, Sister Mary Stanislaus hoped to leave this world wearing her luminous

diamond crown of glory for her sacrifices of life for her faith as contemplated by the RSM. She looked forward to the day the Sisters of Mercy, who had gone before her, greet her and walk in the holy garden together while talking of old times and laughing at the hardships of the past (Sisters of Mercy of the Americas, 2014, Boxes 103-01, 202; *Sixty Years of Service: There Can Be No Greater Gift*, 1958) (see Figures 4.17, 4.28, 4.44) (see Appendixes X, TT).

Figure 4.44 RSM for over 60 Years Sister Mary Stanislaus Cary



Figure 4.44 In memoriam to Sister Mary Stanislaus RSM who gave service to the sick and afflicted at St. Joseph Mercy Hospital (Mercy Echoes, 1958). Photograph reprinted with permission from the Trinity Heights' St. Joseph Center/Museum.

Other Sisters of Mercy came and stayed at St. Joseph Mercy Hospital, some being entrepreneurs while at the institute they worked. Sister Mary Paschal Hand came to Siouxland in 1920 and served a total of 40 years, longer than any other Sister. Most of her time was spent working in the x-ray department at St. Joseph Mercy Hospital while also being a 20th-century entrepreneur. She and Sister Mary Vivian worked in the laboratory tried a side line of making root beer. For want of a better place, the x-ray

darkroom was used. One morning Dr. McHugh heard a terrible explosion. Sister Mary Paschal rushed to the darkroom to find her secret brew running out under the door and realized they should not have wired on the corks (Thielen, 1965). Events at St. Joseph Mercy Hospital were always fizzing with excitement of the era.

130th Anniversary of the Religious Sisters of Mercy Order in 1961. On December 12, 1961, the Sioux City Sisters of Mercy observed the 130th anniversary of the founding of their Order in Dublin, Ireland. Although Mother McAuley had died a decade after the founding, the work which she began continued to bear fruit for 130 years. The Sisters of Mercy of Detroit were entrepreneurs of religious education and hospital administration. By the end of the diamond era, the Sisters of Mercy of Detroit presided over 39 elementary schools, 15 high schools, two homes for the aged, 14 schools of nursing, and 39 hospitals. The Sisters of Mercy directed 19 hospitals in Iowa, including St. Joseph Mercy Hospital in Sioux City. Twelve thousand Sisters served throughout the United States and the Order had a world-wide membership of over 26,000 (Hospital's Founding Order to Note Anniversary, 1961; This is the Story of a Detroit Sister of Mercy, 1962).

School of nursing. In May 1950, St. Joseph Mercy College reverted to its original name, St. Joseph Mercy School of Nursing just in time for the school's 50th anniversary celebration. The program reflected a firm faith in God and true charity towards all mankind which is the inheritance of Mercy nurses since the foundation days of St. Joseph Mercy School of Nursing.

St. Joseph Mercy School of Nursing Golden Jubilee in 1950. St. Joseph Mercy School of Nursing was known for its high standards and had a well-deserved excellent

reputation in the Midwest. The Sisters of Mercy and St. Joseph Mercy School of Nursing Alumnae Association hosted a home coming at the nurses' residence. There were 1,400 nurses who had graduated from the St. Joseph Mercy School and all were dear to the Sisters who supervised their training.

A banquet was held during the two-day celebration of the school's golden jubilee. First, Bishop Mueller commenced with a celebration of Pontifical Mass at St. Joseph Mercy Hospital's chapel. During the 50th anniversary banquet, the Sisters of Mercy were paid tribute in absentia; the Rule of their Order did not permit their attendance at public events. The Sisters were represented by Reverend Bauer, hospital chaplain, who welcomed those present on behalf of the Sisters.

During the banquet, many and varied tributes were made to nurses in recognition of the nursing profession's contributions to the welfare of mankind. The mayor said Sioux City had become a medical and hospital center because of the efficiency and devotion of those engaged in the healing arts (Alesch, 1950; Bow in Tribute to City Nurses, 1950; Conner, 1982). Mother Mary Carmelita Manning sent the Sisters a telegram stating "Congratulations on this your golden jubilee day. You can look back on your years of accomplishments with great pride. Your standards and high ideals have molded a record of pure gold. May God continue to bless your work" (Conner, 1982, p. 87).

St. Joseph Mercy School was fully approved by the Iowa Board of Nurse Examiners and the National League for Nursing, and was a member of the Conference of Catholic Schools of Nursing and of the Council of Member Agencies of Diploma and Associate Degree Programs of the National League for Nursing. In the accordance with

the principles of a Catholic philosophy of education, the purpose of St. Joseph Mercy School of Nursing was to provide for the moral, intellectual, physical, and social development of its nursing students (Student Handbook, 1958). More concretely, the philosophy of the school originated from Mother Mary Catherine McAuley's following declaration: "to regard nursing not as a mere professional service but a gracious work of Mercy in which the nurse administers to Christ in the service of the poor, sick and suffering" (St. Joseph Mercy School of Nursing Bulletin 1961-1963, 1963, p. 11).

St. Joseph Mercy School of Nursing ideals of education, nursing, and social service were guided by the Sisters of Mercy charism and Rule and Constitution. The school philosophy emanated and persevered through a firm supernatural faith in God and a fervent charity toward mankind. Specifically the school aims were the following:

1. To assist the student in developing a strong Christian character and to meet the problems of life in the light of Christian principles.
2. To help her see in each human person a child of God and feel a fervent charity toward him.
3. To teach her the art and science of nursing, and to help her to acquire the attitudes and skills necessary for professional nursing service in hospitals, homes, and the public health field.
4. To aid her as she continues to strengthen and improve the manifold skills of human relations, especially the skill of losing self in selfless service.
5. To assist her as she seeks, accepts and perfects new techniques in medicine and nursing skills.

6. To teach her to know that the nurse trained in the tradition of Mother Catherine McAuley must always treat the whole patient, understanding the influence of mind over body.
7. To stimulate a desire for further professional study in the various advance fields of nursing. (Student Handbook, 1958, p. 9)

Furthermore, the Sisters of Mercy published five editions of a textbook, *Procedures for Nursing Arts* (1943), to provide students a better understanding and a guide for nursing techniques and the ministration of sacraments.

A student handbook, first written in 1952, was to help the young nursing students and as a guide in solving the problems the student confronted daily. The regulations were intended to create a harmonious relationship between the student and the school, the hospital and the patient. Students were asked for their cooperation to maintain the high moral standards which characterized the Sisters of Mercy community in which loyalty and devotion to tradition were valued (Student Handbook, 1958). Each student was given the following objectives of regulations and rules:

- To provide an opportunity for each individual to have as much freedom as she is able to use wisely.
- To enable each person to see herself in her right relationship to the group; to see the problems involved and to find out how she can play her part so that everyone has an opportunity for happy and purposeful living.
- To promote order in the nurses' residence so that the privileges and responsibilities of each individual are clearly understood and respectfully observed by the group.

- To provide experience in group living so that social skills, personal responsibility and Christian deportment are strengthened.
- To encourage cooperation with persons whose office or position placed them in direct authority over student activities. (Student Handbook, 1958, p. 7)

The life as a student nurse at St. Joseph Mercy School of Nursing was considered just the beginning of a professional career. The time was to be a fascinating adventure intellectually, spiritually and socially, as well as an interesting and responsible experience. The opportunities afforded at the nursing school and hospital were to be a source of strength for the students, and the example of the Sisters of Mercy, who consecrated their lives to the sick, were to stimulate the nursing student to put forth their best efforts to alleviate pain, and instill hope in the patients entrusted to their care.

The spirit which distinguished Mercy nurses grew out of a deep sense of personal loyalty to the traditions and standards of the St. Joseph School of Nursing and of the nursing profession. The heritage was placed in the graduates' hands entrusted to each of them and they were expected to enrich it with the imprint of their character and their own dedication to Mercy ideals (Student Handbook, 1958; St. Joseph Mercy School of Nursing Bulletin 1961-1963, 1963).

Diamond Jubilee. The year 1965 marked the 75th year of the Sisters of Mercy in Siouxland. The diamond jubilee was the reflection of the changes and growth of the nurse's duties. For example, patients were admitted from the emergency room and the medicine prescriptions were complex, so the hospital initiated a patient identification plan in the last decade. Patients were not staying as long from the improvements in medicine.

Nurses were finding it difficult to get to know each patient individually. As a result, the identification band, with the patients name, doctor, and religion, was applied at the time of admittance and worn until the patient left the hospital to prevent any misidentification (S.C. St. Joseph Mercy Hospital Inaugurates Identification Plan, 1957). Also, the RN was in charge of each of the areas with other RNs and trained personnel working beside her. Duties varied according to education and training, but the goal was attuned to helping the patient (Operating Rooms in 1965 Look Little Like Surgery Area of Hospital in 1890, 1965) (see Figure 4.45).

Figure 4.45 Operating Room in St. Joseph Mercy Hospital in 1965

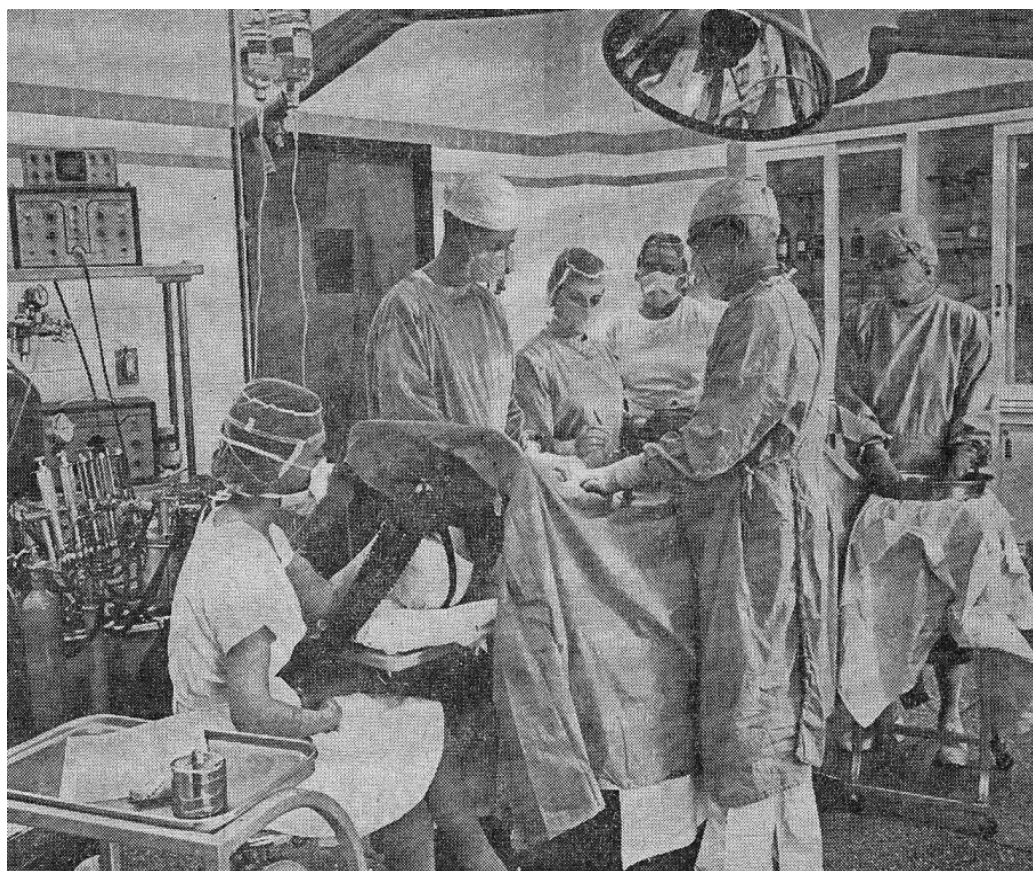


Figure 4.45 St. Joseph Mercy Hospital new operating room with modern instruments and equipment was manned by highly trained and skilled hospital personnel. Mrs. Maxine

Black, certified RN anesthetist, nurses Mrs. Ann Hassle and Mrs. Edna Schneider and surgical technician Mrs. Regina Longbottom (from the left) assist Chief Surgeon Dr. Kelly and Dr. Schwartz during an operation (Operating rooms in 1965 Look Little Like Surgery Area of Hospital in 1890, 1965). Photograph reprinted with permission from the *Sioux City Journal*.

The *Sioux City Journal* announced in the *For and About Women* section, the activities and the events planned at St. Joseph Hospital in conjunction with the hospital's diamond jubilee. The date selected was the anniversary the first patient was admitted to the hospital on May 14, 1890 (For and About Women: Diamond Jubilee Activities Held at St. Joseph, 1965). On May 13th, a tea hosted by the Sisters was given in the afternoon honoring recently retired employees of St. Joseph Mercy Hospital. A recognition dinner, also hosted by the Sisters of Mercy, was given in the evening in the hospital cafeteria to honor employees who had worked at the hospital for more than 10 years.

On December 6, 1965, the hospital medical staff honored the Sisters of Mercy for St. Joseph Mercy Hospital's Diamond Jubilee during the week of December 12th, the anniversary of the founding of their Order. The medical staff held a dinner at the Normandy where the guests of honor were the Sisters who were currently serving or had served on the hospital staff. There were 14 Sisters from Sioux City and 10 Sisters from other areas in Iowa in attendance. Out-of-town Sisters who attended included Sister Mary Ruth, administrator of St. Joseph Mercy Hospital at Fort Dodge; Sister Mary Annunciata and Sister Mary Ignatius, also of Fort Dodge; Sister Mary Gerard, Sister Mary Etheldreda and Sister Marie Estelle, all of Dubuque; Sister Mary Petrina and Sister Mary Gerald (class of 1944), both of Algona; Sister Mary Esther, Administrator of St.

Joseph Mercy Hospital at Clinton; and Sister Mary Siena, also of Clinton (Mark 75th Year of Sisters of Mercy, 1965).

Master of Ceremonies of the event was Dr. William Krigsten. Reverend Kelm, Hospital chaplain, gave the invocation and Retired Reverend Monseigneur Bauer, Sioux City Diocesan Director of Hospitals, gave some remarks. Hospital Administrator Sister Mary Ann Therese (class of 1932) introduced the Sisters. Keynote speaker was Justice Rawlings of the Iowa Supreme Court. To highlight the Sisters of Mercy Golden Jubilee, Sister Mary Aniceta Thielen (class of 1954), Assistant Administrator, gave the presentation—*Reminiscences*. She began, “Seventy-five years is a long time—yes, seventy-five years ago the Sisters of Mercy came to Sioux City to establish a hospital. They had a humble beginning and their days were filled with hardships” (1965, p. 1). She regaled those attending with the story of the Sisters of Mercy being summoned as walking nuns to journey to Siouxland dedicated to alleviate human suffering. Under the guidance of the Sisters of Mercy, St. Joseph Mercy Hospital had cared for 373,276 patients who recovered, delivered 10,334 babies into the world, and comforted the 10,334 who had perished (Thielen, 1965). Sister Mary Aniceta closed by saying the following:

From a humble beginning we have risen to a great organization. Our present staff is unexcelled in professional training and in the kindness and consideration they show their patients. We only hope that in the next seventy-five years there will be as many pleasant experiences to reminisce as we have found during the past seventy-five years. (Thielen, 1965, p. 4) (see Figure 4.46)

Figure 4.46 Honoring the Sisters of Mercy: St. Joseph Mercy Hospital's Diamond Jubilee on the Anniversary of the Founding of Order in 1965



Figure 4.46 A banquet was given to honor the Sisters of Mercy during the St. Joseph Mercy Hospital Diamond Jubilee and the anniversary of the founding of the Religious Sisters of Mercy Order in which the Sisters walked amongst the community. Photograph reprinted with permission from the Sioux City Research Center.

Alma Mater and alumni of St. Joseph Mercy School of Nursing. The St. Joseph Mercy School of Nursing graduate was educated in the tradition of Mother Mary Catherine McAuley to treat the whole patient, understanding the influence of mind over body. The St. Joseph Mercy School of Nursing Graduate through prisms of time was described as the following:

The first Mercy nurses were adept practitioners in the professional nursing knowledge of their time. Their countless successors, the myriad of Mercy graduates have been equally proficient in their respective times. Modern science and medicine have brought changes and improvements into many phases of

nursing. The Mercy graduate of today, competent in modern nursing techniques, seeks to attain and maintain the ideals of the true Mercy nurse. (Student Handbook, 1958, p. 8).

Four students who continued to model and embrace the Mercy spirit were the first to lead in the profession of nursing, Augusta Hefner and Mother Mary Carmelita Manning and their successors, Sister Mary Coralita Ellerbrock and Sister Elizabeth Mary Burns.

Augusta Hefner. Augusta Hefner (class of 1907) had a nursing career that spanned nearly five decades and was an integral part of the St. Joseph Mercy School of Nursing in Sioux City. She was a born leader and a born nurse who never asked her students to give what she herself was not prepared to give. Hefner was a friend and a teacher to more than 1,000 graduates of St. Joseph Mercy College. She would tell her students, "Care for the patient in the same manner as if he were your mother or father" (Mercy Echoes, 1953, p. 3). The students had the opportunity to view and appreciate the virtues which made her so respected. Her works, teaching, and wisdom followed her students through their years to come (Mercy Echoes, 1952).

Augusta Hefner was one of the pioneers who helped to bring about the present condition of the profession of nursing. The nurse had become responsible for the most intricate medical procedures; she developed a professional organization which commanded the respect and attention of other professions; and she received a scientific education instead of a period of training. In the nursing world, the nurse would not be able to give the patients all the nursing care needed. She would turn many of her duties over to other workers who would spend as much time, or even more time, with the patient than the nurse. Nurses had to replace the element of service, considered the heart of the

profession, with administration. In the face of all those problems, nurses were still to hold in high esteem the ideals given them by the pioneers of the past and continue to strive for the personal, professional, and spiritual progress needed to parallel the scientific and technical progress of the age. Hefner once referred to the professional progress, “We must; we will go forward, ever forward. Nurses must accept responsibilities. They must keep the lamp of service trimmed and burning, for if the light goes out we will be working in the dark” (Mercy Echoes, 1953, p. 4) (see Figure 4.47).

Figure 4.47 Augusta J. Hefner in 1952



Figure 4.47 In a memoriam for Augusta J. Hefner on November 13, 1952, she gave nursing care in Sioux City as the first Public Health Nurse; at Hull House, in Chicago, Illinois; in the United States Navy Nurses Corps; as a teacher; in the role of the Associate Director of St. Joseph Mercy School of Nursing; and as the Director of St. Joseph Mercy Hospital (Mercy Echoes, 1953).

Mother Provincial Mary Carmelita Manning. Mother Mary Carmelita (Alumni of 1908) was known to walk through a hospital corridors and if she saw a family member who was concerned about their patient, she stopped to assess the condition and would

then take them to the hospital cafeteria for “a bite to eat” to make the encounter a meaningful and personal one (Sister Mary Coralita Ellerbrock, personal communication, March 7, 2002; Sisters of Mercy of the Americas, 2014, Box 202-26). Of her many interests, two were especially characteristic: that of the caring for the poor who could not pay for hospital service through the establishment of clinics; and that of those suffering from substance abuse or alcoholism through special care in each of the hospitals under her direction. She was also particularly thoughtful for the care and healing of priests and religious not only of her own community but of others as well. She not only encouraged the Sisters of Mercy to get a higher education but also to take care of themselves. She would share here experiences with the Sister of Mercy, such as follows in a letter to Sister Mary Ruth:

I think you are wise in getting away from your work, and going to a house that is not as busy as Sioux City. In my younger years of religious life I often used to think I would never see the day when I got a job too big for me to handle, as I seemed to have the strength of half a dozen; but after ten years of traveling around as the Mother Provincial, I came to the conclusion that I have a job that I have to have others help me to handle. I think I placed you at work in Sioux City that I think I will [*sic*] have to have others help you handle; otherwise you will find the work entirely too heavy for you to carry on. There is so much good to be done by having a Sister in the office that I hate to think of Sioux City ever again having to do without one. The thing for you to do when you return to Sioux City is to delegate the work to each one so they can handle it without you. Even then you will find that you will have plenty to do to work in the advisory capacity. Try at

all time to go to your prayers, as you will find prayer a rest and relaxation from the strain of office work. If you start out early in religious life by doing this, you will always think of prayers first and work second. In this way you will be always a happy religious. Your ulcers will soon heal up and you will let the world go by almost unnoticed. I can talk from experience... (Sister Mary Ruth, personal communication, October 2, 1944; Sisters of Mercy of the Americas, 2014, Box 302-23)

Mother Mary Carmelita Manning would serve three terms as Mother Provincial of Detroit Province (1940-1943, 1943-1946, 1952-1955) and two as Assistant Provincial (1946-1949, 1949-1952). Under her administration Mount Carmel Mercy Hospital (1939, Cincinnati Province), Mercy Monica School (1949), and Immaculate Heart of Mary School (1950) were founded in Detroit, Michigan. Within these same 15 years, new parish schools also opened in Berkley (1943), Reese (1947), and Dearborn Heights (1955). The Sisters of Mercy took over a parish school in Hazel Park (1943) replacing the Sisters of Divine Charity. In 1948, St. Ann Hospital, Algona, Iowa was established (Sisters of Mercy of the Americas, 2014, Box 202-26).

In 1942, Mother Mary Carmelita was awarded the Distinguished Service Cross of the National Catholic Hospital Association. The preceding year she had won the key of the Tri-State Hospital Assembly for distinguished service in the hospital and health field. She was given the Michigan Hospital Association Key Award for meritorious service in 1953. In 1955, Mother Mary Carmelita Manning (1955) was honored as one of the Detroit's Distinguished Women in which capacity she gave the renowned message *Incentive for a Career*. Mother Mary Carmelita's message was published and given to

Sisters of Mercy, school of nursing faculty, and nursing students, including those at St. Joseph Mercy School of Nursing (see Appendix UU). Mother Mary Carmelita was the vice-president and trustee of the Michigan Hospital Association, a Fellow of the American College of Hospital Administrators, a member of the Social Security Advisory Committee, the Michigan Hospital Legislative Committee, and the Michigan National Defense Council. She was an active member in the American Association of Medical Social Workers, National League of Nurses Association, American Nurse Association, Michigan Welfare Association, and Michigan Hospital Survey of Construction Program. Mother Mary Carmelita accepted these honors not as a tribute to herself personally, but to the Religious Sisters of Mercy Order of whom she was a deeply spiritual exemplar (Sisters of Mercy of the Americas, 2014, Box 202-26).

But none of these distinguished awards or honored positions that made Mother Mary Carmelita the great woman that she was to her Order. She had been a “mother in the true sense of the word,” and the Sisters prayer was that God would reward her untiring efforts to make them happy (The Novices of the Cincinnati Province, personal communication, August 27, 1940; Sisters of Mercy of the Americas, 2014, Box 202-26). Her dynamic energy as she directed the building of hospitals, schools, and other institutions to carry on the works of Mercy was surpassed only by her gentleness and her compassion for the sick, the stricken and broken. Mother Mary Carmelita had given 53 years of selfless service to others as a Sister of Mercy. She was great because of the 74 years of lifelong, large-hearted charity, kindness and understanding that she gave to others before she died on January 21, 1962 (Sisters of Mercy of the Americas, 2014, Box 202-26).

This walking nun, Mother Mary Carmelita, in a letter to Mother Provincial written when leaving for her new assignment, revealed the essence of the Sisters of Mercy love for each other:

The simple, little word ‘goodbye’ never meant so much to me before. It seems that it is echoing out of every nerve fiber of my body until I realize I cannot say it in person. Because I have been so closely united with you for years, it has created a bond of union making us one big family; it therefore makes the parting much more heartfelt. So for each dear Sister...I will sign my name as a friendship seal of love and ask God to bless you. Devotedly yours in Christ, Sister M. Carmelita RSM (Sister Mary Carmelita, personal communication, August 14, 1940; Sisters of Mercy of the Americas, 2014, Box 202-26) (see Figure 4.48)

Figure 4.48 Mother Mary Carmelita Manning



Figure 4.48 A memoriam was given for Mother Mary Carmelita Manning, RSM on January 21, 1962 (Sisters of Mercy of the Americas, 2014, Box 202-26). Photograph reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center.

Sister Mary Coralita Ellerbrock. Those two great women, Augusta Hefner and Mother Mary Carmelita Manning, would inspire other alumni such as Sister Mary Coralita Ellerbrock (class of 1948) and Sister Elizabeth Mary Burns (class of 1952), who became their successors, to strive to maintain the ideals of the true Mercy nurse. Maxine Ellerbrock, formerly an Iowa State teacher, entered the Sisters of Mercy's community on September 7, 1942 and professed her perpetual vows on August 16, 1948. Sister Mary Coralita first came to Sioux City in 1945 as an office assistant at St. Joseph School of Nursing and the following year became a nursing student (see Figure 4.49).

Figure 4.49 Milestones from the History of Nursing Pageant with Sister Mary Coralita as a Sister of Mercy in 1948



Figure 4.49 On May 16, 1948, St. Joseph Mercy College of Nursing presented the traditional pageant—*Milestones from the History of Nursing*. Included were 24 tableaux; whereas Sister Mary Coralita (on the right) and Sister Mary Francelyn (on the left) were the Sisters of Mercy—*For Christ and Humanity*. In group picture, Sister Mary Coralita is standing behind student whose character was Florence Nightingale—*The Lady with the*

Lamp (St. Joseph Mercy College of Nursing, 1948). Photographs reprinted with permission from the Trinity Heights' St. Joseph Center/Museum.

After graduating in 1948, she was assigned to St. Joseph Mercy Hospital in Dubuque, Iowa (1948-1950), Mt. Carmel Mercy Hospital in Detroit, Michigan (1950), obtained her Master of Science in Nursing Education at St. Louis University in St. Louis, Illinois, and returned to Sioux City to be the Director of Nurses at St. Joseph Mercy Hospital (1951-1953).

Sister Mary Coralita was a member of the Sisters of Mercy Detroit Provincial Council (1961 to 1967), where her main responsibility was preparation of young Sisters for their future ministries. She developed and served in the role of provincial coordinator of nursing education and nursing service for nine years. When the Sisters of Mercy Health Corporation was formed in 1976, Sister Mary Coralita developed quality assurance programs. She also was a participant in the following professional activities: member of the Iowa State Board of Nurse Examiners, chairman of the public relations committee for the Iowa State Nurses Association, a member of the Board of Review, National League for Nursing Accreditation Service, and the chairman and first vice-president of the Detroit and Tri-County League.

As a result of her nursing experiences during the polio epidemic in Sioux City, Sister Coralita co-authored *Meeting a Polio Epidemic: Although Help Was Needed from 'Outside' Everybody in the Community had a Hand in the Fight Against Poliomyelitis* (Coralita et al., 1953). This walking nun, Sister Mary Coralita Ellerbrock, reached others in these publications she wrote on nursing, nursing and religious education: *Dimensions of Nursing in the Seventies* (1971), *Inservice Training Program for Nurse Aides* (1953),

Integrity of the Pre-Service Sister Formation Program (1963), *This I Believe...About Christian Commitment to Education for Nursing* (1967), and *What is Accreditation* (1958) (Sisters of Mercy of the Americas, 2014, Box 202-13) (see Figures 4.50, 4.51).

Figure 4.50 Sister Mary Coralita Gives Workshop in 1955



Figure 4.50 A workshop on evaluation of student nurses in clinical areas was held at Sioux City. Sister Mary Coralita (standing), Director of St. Joseph Mercy School of Nursing in Dubuque spoke on the importance of objectives in relation to evaluation (School of Nursing Sponsors Workshop, 1955). Photograph reprinted with permission from the Trinity Heights' St. Joseph Center/Museum.

Figure 4.51 Walking Nun Sister Mary Coralita Ellerbrock in 1965



Figure 4.51 With suitcase in hand, Sister Mary Coralita Ellerbrock was a walking nun on the move. Photograph reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center.

Sister Elizabeth Mary Burns. Sister Elizabeth Mary Burns joined the Mercy Community in 1946. Her first assignment was as a student nurse at St. Joseph Mercy School of Nursing in Sioux City. During those three years she lived with a group of dedicated women and learned what it really meant to be a Sister of Mercy. She persevered and graduated from the school of nursing in 1952 (see Figure 4.52).

Figure 4.52 1952 Sister Elizabeth Mary Burns Graduates



Figure 4.52 Sister Elizabeth Mary Burns graduated from St. Joseph Mercy School of Nursing with a diploma in nursing (Mercy Echoes, 1952). Photograph reprinted with permission from the Trinity Heights' St. Joseph Center/Museum.

She returned to Detroit, Michigan to make her final vows in August and spent the summer preparing. Her first assignment as a nurse was to be supervisor of a clinical unit in Dubuque, Iowa. She was only there for a couple of days, when she received a message

to go to Sioux City and help take care of the polio patients. She spent several months in the polio ward in Sioux City, mostly on night duty, and was glad she was able to help, but it was a heart breaking experience to see so many young people struggle. Next, she returned to Dubuque and enjoyed working with patients. The nursing profession was simpler then; she did not have the sophisticated equipment of today, but nurses did give great patient care. Sister Elizabeth Mary did not get to do much direct patient care because she was busy managing the nursing unit and other nurses took care of the patients. This was her first experience working with young women who were student nurses. After three years she was assigned to go back to Sioux City where she was to be the supervisor of orthopedics and urology. As that year came to its end, Sister Elizabeth Mary went back to Detroit to complete her bachelor's degree. She was ready to return to Sioux City when she received a call from Mother Mary Nicholas, the Mother Provincial. Mother Mary Nicholas told Sister Elizabeth Mary she should go directly to Wayne State University to get her master's degree because they needed more Sisters in nursing school administration. Sister Elizabeth Mary completed her degree in 1958 and was assigned Sioux City, this time as director of the school of nursing. Her five years there were years of growth and she dearly loved the students. She saw them as wonderful, dedicated young women, most of them recent high school graduates, who really wanted to be nurses (Sister Elizabeth Mary Burns, personal communications, July 10, 2014).

While she was in Sioux City, Sister Elizabeth Mary realized that the school needed a more educational approach to nursing. The students were there for three full years with only two weeks off in the summer. If the school wanted to give them an academic preparation, the school should do that in three academic years, giving the

students the summer for a vacation or working as a nurse aide. This idea caused a minor revolution, as the hospital depended on the students being there 12 months of the year. The school explored the idea with the State Board of Nursing; they gave their approval and St. Joseph Mercy School of Nursing initiated the revised program in the fall of 1961. The agreement had a provision that the faculty would remain essentially intact during the first three years in order for the program to be implemented as planned (St. Joseph Mercy Hospital School of Nursing in Change, 1961) (see Figure 4.53).

Figure 4.53 Sister Elizabeth Mary Presents in 1961 New School Program



Figure 4.53 Sister Elizabeth Mary (center) and St. Joseph Mercy School of Nursing nurse instructors, (clockwise) Barbara Hunter, Marian Crumley, Emma Stoudt, Geraldine Joslin, Carrie Schnepf (class of 1930), and Julia Worth, discuss the new plan of education for nurses (New Program in Nursing Education Announced by St. Joseph Mercy School of Nursing in S.C., 1961). Photograph reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center.

In 1963, Sister Elizabeth Mary received an appointment to become the director of the baccalaureate program in nursing at Mercy College of Detroit. It was important to the future of the program and to retain accreditation that the directors of the program have a doctorate. Sister took classes at the University of Detroit during the school year and in the summer went to New York for more studies at Columbia University. In the spring of 1966, she returned to Columbia University full time to obtain her doctorate. After graduation she was assigned to Mercy College of Detroit until the summer of 1973 when she became part of the community's Provincial Council. On the Council she served as the director of Health Services; during that time they developed the Sisters of Mercy Health Corporation, a unification of several smaller corporations governing the community's seventeen hospitals. In 1977, at the end of her term, she applied to be the President and CEO of the newly merged hospital in Sioux City. St. Joseph Mercy and St. Vincent's had decided to merge and were looking for new leadership. Sister Elizabeth Mary was chosen and for the next 10 years worked to unite the two healthcare organizations. Unification included planning and building a new structure to accommodate new technologies and growing specialties such as cardiology and neurosciences. The new structure made it possible for all acute care services to be in downtown Sioux City and near major highways. The old St. Joseph site became a hospital for chemical addiction and mental health issues (Sister Elizabeth Mary Burns, personal communications, July 10, 2014).

Chapter 5: Summary and Conclusions with Analysis

Summary

Nursing history is like a kaleidoscope, with prisms of time representing the past, present, and future experiences of nursing. Nursing history until written has no existence, like an opaque image on a kaleidoscope mirror previously while similar to the history of the Sisters of Mercy in Siouxland. This is the written summary of the research findings from the chronicle of the prisms of time. Historical research sheds light on the past in order to understand how the Sisters of Mercy's Siouxland journey as walking nuns in nursing is part of the kaleidoscope of nursing history.

Religious Sisters of Mercy. December 12th commemorates the day in 1831 when Catherine McAuley, with the blessings of the Catholic Church, became the Foundress of the Religious Sisters of Mercy Order in Dublin, Ireland. Mother Mary Catherine was given a charism to pass on to each Sister, the spirit of Mercy, which has defined the Order of the Sisters of Mercy since that time. The Rule and Constitution, which were established by Mother Mary Catherine McAuley, guides the Sisters' identity as members of the Order. In 1843, the first Sisters of Mercy came to the United States and settled in Pittsburgh, Pennsylvania. The Sisters of Mercy subsequently moved to Chicago, Illinois; DeWitt, Independence, Davenport, and Dubuque, Iowa; and eventually to Sioux City, Iowa. These Sisters of Mercy felt called by God to a life of service to nurse the sick poor as walking nuns was central to their charism. This same charism fueled the Sisters of Mercy legacy of servant leadership wherever they traveled to bestow the spirit of Mercy.

Fusing the Prisms of Time. In 1890, the Sisters of Mercy were summoned westward to Sioux City, Iowa, a small but quickly growing frontier town in Siouxland.

The charism led the Sisters of Mercy to care and educate the poor, sick, and dying and practice careful nursing in Siouxland. The research prisms of time are the walking nuns' Mercy work in Siouxland through silver, golden, and diamond jubilees. Fusing each prism of time reflects the Sisters of Mercy's historical impact on the community, public health, and nursing.

The Silver Years (1890-1915). St. Joseph Mercy Hospital in Sioux City, Iowa was a culmination of efforts from a small band of Sisters of Mercy who came to Siouxland from Our Lady of Mercy Convent in Dubuque, Iowa. When the silver era began, Siouxland was experiencing an acute shortage of hospital facilities. May 14th commemorates the day in 1890 when the first patient was admitted to the hospital. St. Joseph Mercy Hospital would experience rapid expansion, with four expansions occurring during the first 25 years, while also following good nursing practices and enhancing their usefulness in the community.

St. Joseph Mercy Hospital served as an infirmary and indirectly helped draw people to Siouxland. The Sisters of Mercy were nonsectarian in their Mercy and patients were admitted regardless of nationality or religion; however incurable or contagious diseases were excluded. The Sisters of Mercy had a heart for the hungry; through their works of charity those without food were never turned down at the hospital. The Sisters believed that mending broken bodies and placing patients on the path to good health was a social service of the utmost value. Even though the Sisters continued their work of charity for the homeless, poor and sick, the patients were charged a ward rate. The Sisters of Mercy's financial support came from the revenue received from the patients.

As the result of good nursing practices including the high standard of efficiency for the nurses, promptness in operative cases, maintaining the best institutional environments, effective professional attention, and the adequate supply of wholesome and nutritious food, patients were returned to their jobs in a relatively short period of time. The Sisters assured the community that the sick poor would be tenderly and skillfully cared for free of charge. The Sisters also promised that should the sick poor die without any friends they would not be used in a dissecting-room but decently buried at the expense of the Sisters.

When circumstances of disasters or disease struck Siouxland, the Sisters of Mercy were directed, out of sense of place and love for God and neighbor, to walk among those who were suffering. These disasters included the 1892 Floyd River flood, the 1893 tornado near Pomeroy, Iowa and the fire that destroyed the Sister of Saint Benedict's convent. The Sisters of Mercy offered nursing care, hospitality and shelter at St. Joseph Mercy Hospital and supplies and equipment for the work of the Sisters of Saint Benedict. These two sisterhoods continued to cooperate and share in services given in Siouxland.

The Sisters of Mercy did all the work of caring for the patients at St. Joseph Mercy Hospital until the Training School was started in 1900. More nurses were needed everywhere, and it was logical that young women would receive the best knowledge in the art of nursing at the Sisters of Mercy Hospital. The young women paid no fee for their training and lived in the basement and top story of the hospital; in return they labored incessantly for the welfare of humanity. The Sisters of Mercy wanted to serve God and alleviate human suffering by sending nurses out into the world to bestow the spirit of Mercy through the duties of their profession.

The Golden Years (1916-1940). As the silver era became a shadow and the golden era shone rays of golden light into this time, the Sisters of Mercy guided the St. Joseph Mercy Hospital's surgical staff, medical staff, and nursing students to join in a cumulative effort to extend charity and aid the sick. The hospital was based on charity in every sense of the word and was open to the afflicted regardless of nationality or religion. The hospital's services were invaluable because the doors were always open to those in need of care. Nationally the Religious Sisters of Mercy Order had an increase in numbers and also increased the size of the territory in which they worked.

In Siouxland, the Sisters of Mercy continued to maintain and expand St. Joseph Mercy Hospital with two additions. At the same time, the Sisters continued their work of providing comfort and support for their sisterhood while nursing the sick and poor with the best of care. The Sisters of Mercy were steadfast in following Church law regarding borrowing large sums of money to renovate their building. The Sisters of Mercy finances were separate from the Diocese in which they resided; when necessary the Sisters requested and received the Bishop's approval to build and minister in the diocese. Because of the renovations of the building after the Church's approval, St. Joseph Mercy Hospital became one of the finest and most modern institutions of its kind in the Midwest.

Out of love for God and their neighbors, the Sisters of Mercy of Siouxland continued to live out their faith by assisting those who were victim to difficult circumstances of war, disease, and financial devastation. Out of patriotism, graduates of St. Joseph Mercy Hospital School for Nurses entered the service during World War I. In 1918, many of the nurses were serving in the war in hospitals overseas and in camp

hospitals in the United States, as a result, nursing students worked in the hospital to battle Spanish influenza, the worst epidemic in United States history. The Depression of the 1930s affected St. Joseph Mercy Hospital in Siouxland as it did everywhere else. The charitable Sisters, though in financial straits themselves, nevertheless took in the sick and cared for them. Even during the Depression's financial challenges, the Sisters of Mercy's charism and Rule and Constitution, which were established by the foundress of the community, guided their hospital management responsibilities. St. Joseph Mercy Hospital had weathered bad financial times in the past and the Sisters of Mercy persevered through the Depression while remaining faithful to their Rule and Constitution.

The Religious Sisters of Mercy Order continued to grow and the Vatican ordered the amalgamation of the 39 independent Sisters of Mercy communities. In August 1929, the Dubuque Community joined the Union of the Sisters of Mercy in the United States as part of the Omaha Province. However in August 1930, the Mother General and Council decided to move the Dubuque Community to the Cincinnati Province. Continued growth made it necessary to reorganize again in 1940 and the number of Provinces from six to nine. The Dubuque Community was brought together with the Communities of Grand Rapids, Michigan, to become the Detroit, Michigan Province. The Order's Rule and Constitution guided the unity of the Religious Sisters of Mercy community.

During this golden era, the charism of the Sisters of Mercy led them to educate women about nursing in order to care for the sick poor. The Sisters inspired women, both nuns and lay women, to see that through education in nursing women could have new opportunities. Nursing was a means of livelihood which had the potential to be used at

anytime and anyplace, providing women with opportunities to intelligently serve in solving the problems of suffering humanity. In 1919, to accommodate the growing educational institution at St. Joseph Mercy Hospital, the first full-time lay instructors of nurses were employed to teach of the theoretical course. In 1938, St. Joseph School of Nursing in Sioux City offered its teaching facilities to affiliated schools in Fort Dodge, Iowa and Mason City, Iowa; thereby becoming one of the first two Central Schools of Nursing in the State of Iowa.

The Diamond Years (1941-1965). As the rays of gold light from the golden era faded, the clarity of the diamond era illuminated for times to come. The Sisters of Mercy guided the St. Joseph Mercy Hospital's community in a continued collective effort of cooperation to uphold charity and aid the sick. As the diamond era gave illumination, the nursing profession became an art and a science concerned with the development of the proper knowledge, skills and attitudes requisite to the care of the whole person—body, mind and spirit.

In 1942, a groundbreaking ceremony for construction of the next hospital project, one of many to occur in the next decade, was held at St. Joseph Mercy Hospital. The Bishop of the Sioux City Diocese turned the first spadeful of dirt, followed by the Sisters of Mercy together turning the soil to begin the next project. St. Joseph Mercy Hospital was the largest hospital in Sioux City and became one of the largest in the Midwest. The Sisters of Mercy worked with others to spread the spirit of Mercy. In 1953, during a banquet given by the Sisters of Mercy to honor their employees, the program emphasized the Religious Sisters of Mercy Order's objectives of charity, responsibility, loyalty and

wisdom, and how each individual's work in some way affected the welfare of the patients.

Out of love for God and their neighbors, the Sisters of Mercy of Siouxland continued to live out their faith by assisting those who were victim to difficult circumstances of disaster and disease. The Swift & Company plant exploded in 1949, which became one of the worst disasters in Siouxland's history, and the polio epidemic in the summer of 1952 was the bleakest point in the city's medical history. The polio epidemic captured headlines across the nation and focused the nation's attention and sympathy on Siouxland—the front line for the war to conquer polio. Sioux City was the polio hot spot of the nation with the highest incidence percentage of the population; as a result the second Gamma Globulin Field Trial took place in Siouxland. This field trial became known as a magnificent event in modern medicine and a notable example of Americanism in action.

The clarity of the Sisters' decision making shone most brightly when St. Joseph Mercy Hospital, under the guidance of the Sisters of Mercy, opened their doors for those in Siouxland who were sick and dying during the poliomyelitis epidemic. As a result, the hospital received the majority of those who were suffering and the staff gave care and aid to their families. An unfinished wing was brought into use and within 24 hours the patients, including those in the iron lungs, were moved from the pediatric unit to the wing that became known as the polio floor. Local and state health officials, members of the Woodbury County Medical Society, nursing organizations, hospital authorities, polio foundation representatives, and citizens were doing everything possible to cope with the situation by giving care to the polio patients and trying to bring the epidemic under

control. Because of the 1952 polio epidemic experience, St. Joseph Mercy Hospital nursing staff recognized the epidemic presented an educational challenge, not only for the nursing students but for community groups as well. The Siouxland polio planning committee at St. Joseph Mercy Hospital published recommendations for meeting emergencies. The National Foundation for Infantile Paralysis gave an award to the community for the enthusiastic support, leadership, and cooperation which gave inspiration and courage to the nation. The community pioneered for the nation and all humanity on a path that eventually would lead to the control of poliomyelitis disease.

The Sisters of Mercy of Detroit were entrepreneurs of religious education and hospital administration. By the end of the diamond era, the Sisters presided over 39 elementary schools, 15 high schools, two homes for the aged, 14 schools of nursing, and 39 hospitals. The Sisters of Mercy directed 19 hospitals in Iowa, including St. Joseph Mercy in Sioux City. Nationally, 12,000 Sisters served throughout the United States and the Order had a world-wide membership of over 26,000.

Continuing through the diamond era, the St. Joseph Mercy School's ideals of education, nursing, and social service were guided by the Sisters of Mercy charism and Rule and Constitution. The school philosophy emanated and persevered through a firm supernatural faith in God and a fervent charity toward mankind. The Mercy nurses were adept practitioners in the professional nursing knowledge of their time. Their successors, the myriad of Mercy graduates, have been equally proficient in their respective times. Modern science and medicine have brought changes and improvements into many phases of nursing. A graduate of St. Joseph Mercy School of Nursing was competent in modern nursing techniques and strived to attain and maintain the ideals of the true Mercy nurse.

Research questions and thesis findings in an overview. The answers to the research questions and proof of accepting or rejecting the thesis statement for this study were discovered in the evidence uncovered from reliable historical archives on the Sisters of Mercy in Siouxland from the first 75 years and are given in this brief overview. Who were the Sisters of Mercy? These Sisters of Mercy felt called by God to a life of service to nurse the sick poor as walking nuns was central to their charism. This same charism fueled the Sisters of Mercy legacy of servant leadership wherever they traveled to bestow the spirit of Mercy. The Sisters of Mercy's charism and Rule and Constitution, established by the Foundress Mother Mary Catherine McAuley, guided the Sister's as walking nuns.

This same charism fueled the Sisters of Mercy legacy of servant leadership carried with them wherever they traveled including Siouxland. What was the mission of the Sisters of Mercy? The Religious Sisters of Mercy Order's mission was to care for the sick and dying, aid poor families, and teach poor children. How did the Sisters of Mercy respond to various immigrants, cultures, and the underserved? The Sisters of Mercy were nonsectarian in their Mercy and patients were admitted regardless of nationality or religion; however incurable or contagious diseases were excluded. Patients were never refused the ministration of the Sisters of Mercy, although meeting the cost that accrued from serving to the sick, building the institution, and equipping entailed much sacrifice. What were the Sisters of Mercy's financial arrangements? The Sisters of Mercy's income came from the revenue received from patients and at times did not even meet the operating expenses even though St. Joseph Mercy Hospital patronages continued to grow.

The Sisters of Mercy persevered through the financial difficulties while remaining faithful to their Rule and Constitution to fulfill their Constitution by building, constructing, erecting and maintaining suitable buildings through the decades. What was the relationship of the Sisters of Mercy to other sisterhoods and the Catholic Church? Due to circumstance of a disaster from a fire, the Sisters of Mercy offered not only hospitality and shelter at St. Joseph Mercy Hospital but also supplies and equipment for the Sisters of Saint Benedict's work. These two sisterhoods continued to share in services given in Siouxland. The Sioux City Catholic Diocese assigned a priest as director of Catholic hospitals, and the Bishop would extend encouragement to make all hospitals larger, better, and more efficient in the service of mankind. Although the Sisters of Mercy finances were separate from the Diocese in which they resided; when necessary the Sisters consulted and requested the Bishop's approval to build and minister in the diocese. The Sisters of Mercy were steadfast in following Church law regarding borrowing large sums of money to renovate their building.

The Sisters had begun a hospital in a meager way, but eventually they operated one of the finest and best-equipped hospitals in the Midwest. To what extent were the Sisters of Mercy entrepreneurs and how did the Sisters contribute to healthcare? The Sisters of Mercy were entrepreneurs of religious education and hospital administration. The Sisters contributed to the community and healthcare by presiding over the education of children in elementary and high schools, homes for the aged, schools of nursing, and hospitals which included St. Joseph Mercy Hospital and School of Nursing. How did the Sisters of Mercy respond to and contribute to the community, public health, healthcare, and science and how did the sense of place in Siouxland shape the Sisters of Mercy

ministries? The Sisters of Mercy responded and contributed to the community, public health, and science. The Sisters of Mercy offered to the community nursing care, hospitality and shelter at St. Joseph Mercy Hospital. When circumstances of disease, war, financial devastation, or disasters struck Siouxland, the Sisters of Mercy were directed, out of sense of place and love for God and neighbor, to walk among those in the public who were suffering. During the poliomyelitis epidemic and scientific research of the Gamma Globulin Field Trial, the Sisters of Mercy gave enthusiastic support, leadership, and cooperation which gave inspiration and courage to the nation.

More nurses were needed everywhere, and it was considered only logical that young women would receive the best knowledge in the art of nursing at the Sisters of Mercy's hospital. How did the Sisters of Mercy contribute to the profession of nursing? Nursing the sick poor as walking nuns was central to their charism. The Sisters of Mercy wanted to serve God and alleviate human suffering by sending nurses out into the world to bestow the spirit of Mercy through the duties of their profession. The spirit which distinguished Mercy nurses grew out of a deep sense of personal loyalty to the traditions and standards of the St. Joseph School of Nursing and of the nursing profession. The heritage was placed in the graduates' hands entrusted to each of them and they were expected to enrich it with the imprint of their character and their own dedication to Mercy ideals. The Mercy nurses were adept practitioners in the professional nursing knowledge of their time. Their successors, the myriad of Mercy graduates, were equally proficient in their respective times. Modern science and medicine brought changes and improvements into many phases of nursing. A graduate of St. Joseph Mercy School of Nursing was

competent in modern nursing techniques and strived to attain and maintain the ideals of the true Mercy nurse.

The research findings based on the evidence accepts the thesis. The charism of the Sisters of Mercy, service to God through merciful acts, led the walking nuns to follow the Rule and Constitution of their Order through the silver, golden, and diamond jubilees. The Sisters did Mercy work by caring and educating the poor, sick, and dying and practicing careful nursing in Siouxland.

Conclusions with Analysis

The conclusions include the views of nursing history's changing prisms of time and jointly in light of the Careful Nursing Model. The Careful Nursing Model was selected for this study because its roots are in nursing history based on the Mother Mary Catherine McAuley and the Sisters of Mercy. The Careful Nursing Model guided the analysis of nursing practices of the Sisters of Mercy in Siouxland. The historical research builds an argument to support the following thesis with reasoning and evidence: As the result of the Sisters of Mercy charism as walking nuns, the mission of Mother Superior Mary Catherine McAuley and the Sisters of Mercy was to care and educate the poor, sick, and dying and practice careful nursing in Siouxland.

Uncovered collections, documents, letters, pictorial archives, and oral histories provide a way to examine the work of the Sisters of Mercy in Siouxland in light of the Careful Nursing Model rooted in the 19th-century Irish nursing system. The Careful Nursing conceptual framework was formulated by Meehan (2003) from the sisterhood's history and from the content analysis of primary historical documents. The publications were written by Sisters of Mercy in Siouxland and included in the evidence from the case

study archival and oral history data from the 1890-1965 prisms of time. Some of the sources from uncovered evidence were used to interpret the past and build meaning. These archive discoveries were reprinted and affixed. The framework described a nursing system developed in Ireland by the Sisters of Mercy, who were privileged and well-educated women in the early 19th-century. The Krippendorff's content analysis of the research evidence sheds light on the past in order from the archives on the Sisters of Mercy's in Siouxland (1890-1965) and oral interviews gave meaning to understand how the Sisters of Mercy's Siouxland journey as walking nuns in nursing is part of the kaleidoscope of nursing history (Krippendorff, 2009, 2013; Krippendorff & Bock, 2009).

The research prisms of time are the walking nuns' Mercy work in Siouxland through silver, golden and diamond jubilees. The findings describe a nursing system based on the Religious Sisters of Mercy Order which originated in Ireland as part of an economic enterprise and well-educated women in the 20th-century. The analysis reveals an intricate visualization of the Sisters of Mercy's past, present, and future impact on the community, public health, and nursing. The Religious Sisters of Mercy, the St. Joseph Mercy School of Nursing student, and the Mercy nurse were the genre of women caring and educating the poor, sick, and dying and practicing careful nursing in Siouxland

The Religious Sisters of Mercy. For the members of the Religious Sisters of Mercy Order, the Rule addressed the vows of perpetual poverty, chastity, and obedience and guided the instruction and governance on the conduct of their daily lives. In the new Rule and Constitution, Mother Mary Catherine developed a fourth vow of charity. As true followers of God, the Religious Sisters of Mercy Order directed their thinking and reasoning to higher ideals not of this world and imitated Christ's charity by doing good to

others. Above all things, the Sisters of Mercy preserved charity and the sincerity of the heart to live and love one another as they walked amongst the people.

The Sisters of Mercy were to be ready to respond to the needs of Christ's Church in any particular age and society in which they lived. The Sisters of Mercy were to find inspiration from the Holy Spirit, respect all of God's people, and trust with confidence in each other and in all Christians. Sister Mary Corita Heid, RSM, (class of 1959) shared her view as follows:

Mother Mary Catherine McAuley negotiated with the Bishop and said she would found a Congregation if she could continue doing her works of Mercy. The Bishop allowed that and that is how we got the nickname of 'The Walking Nuns.' She was able to continue being out on the streets helping prostitutes, poor children, opening her House of Mercy, taking in laundry so that she could make money to serve more poor people. So she was a real entrepreneur in one sense but her motivation was just to do it because it needed to be done and God's Mercy would help her get it done through other people. (personal communication, July 23, 2014)

Charism and the Rule and Constitution became the model for the Religious Sisters of Mercy even through future circumstances which were unbeknownst to Mother Mary Catherine McAuley. In the 20th-century, charism and charity remained the Sisters of Mercy model through financial challenges, in sisterhood unity, at social events, when educating the Religious Mercy nurse and St. Joseph Mercy School of Nursing student, and for each Mercy nurse in Siouxland.

Charism and Charity. The spiritual ancestry to Mother Mary Catherine McAuley came through foundations from Ireland (Burns, 2009). Approved by the Catholic Church, Foundress Mother Mary Catherine McAuley was given charism to pass on to the Religious Sisters of Mercy Order, the spirit of Mercy. Sister Elizabeth Mary Burns, RSM, (class of 1952) shared “Catherine McAuley and the Sisters of Mercy are together not only in legacy and spirit but also in name” (Sister Elizabeth Mary Burns, personal communication, April 15, 2015). “Her spirit still lives, in a very real sense; she influenced the whole world through her personal rendering of the theme of God’s mercy” (Bolster, 1990, p. 116). The Order’s Rule and Constitution of the Sisters of Mercy guided the Sisters and granted greater freedom for the walking nuns’ ministry. The walking nuns were summoned in 1890 to travel westward on a mission to Sioux City, Iowa.

The Sisters of Mercy felt called by God to a life of service to nurse the sick poor as walking nuns was central to their charism. This same charism fueled the Sisters of Mercy legacy of servant leadership wherever they traveled to bestow the spirit of Mercy. The charism led the Sisters of Mercy to care and educate the poor, sick, and dying and practice careful nursing in Siouxland through the years of St. Joseph Mercy Hospital’s silver, golden and diamond jubilees. The Sisters of Mercy time and time again responded to the community needs in Siouxland. The Sisters of Mercy were directed by a sense of place, and out of love for God and neighbor dedicated themselves walk among those in Siouxland struck by circumstances of disasters, disease, war, and financial devastation.

St. Joseph Mercy Hospital in Sioux City was one of the finest and most modern institutions of its kind in the Midwest as well as part of one the this country’s first and

largest Catholic healthcare systems under the guidance of the Sisters of Mercy Sister.

Burns (2009) revealed the following:

It was no accident that each hospital was led by a Sister administrator. Her strong maternal presence provided stability and guided new developments. The religious community's leaders formed the governing bodies that appointed the administrators and approved major changes. This form of governance and administration worked well for many years. (Burns, 2009, p. 315)

Sister Elizabeth Mary Burns contributed the Sisters of Mercy's success from the united efforts with a focus to the mission (Burns, 2009). Furthermore, Burns pointed out, "Administrator comes from the Latin word minister meaning servant. The Sisters of Mercy success came from ministering through others" (Sister Elizabeth Mary Burns, personal communications, April 15, 2015).

In the beginning of the silver years, the Sisters of Mercy came to do good [*sic*] to others. Word spread on the riverfront about the care given by the Sisters of Mercy and demands for their services grew—making St. Joseph Mercy Hospital inadequate for the hospital's needs; a pattern which repeated itself through the years. During the golden era, the Sisters of Mercy managed the St. Joseph Mercy Hospital and spared no effort to secure for patients the best housing, equipment, medical and surgical attendance, supervision, and nursing. The practitioners were to cooperate with the institute in maintaining the highest standard of hospital efficiency, thus promoting the right care of patients. Through the diamond years, the Sisters of Mercy guided the St. Joseph Mercy Hospital's community in a continued collective effort of cooperation to uphold charity and aid the sick. The Sisters fulfilled Article II of their Constitution by building,

constructing, erecting and maintaining suitable buildings through the decades. Because of fulfilling the Order's Constitution, St. Joseph Mercy Hospital became one of the finest and most modern institutions of its kind in the Midwest.

Then and now the Religious Sisters of Mercy Order is defined by charism and Rule and Constitution, which were established by Mother Mary Catherine McAuley to guide the Sisters' identity as members. The Provincial leaders inspired and shared their wisdom with the Sisters of Mercy. Mother Provincial gave a talk in 1945 to the Sisters describing the golden key which unlocked the door to happiness in religious life—the observance of the Religious Sisters of Mercy Constitution, charity to others and trust in God's mercy (Sister Mary Carmelita, personal communication, June 25, 1945; Sisters of Mercy of the Americas, 2014, Box 202-26) (see Appendix PP).

Mother Provincial emphasized the value of personal qualities and virtues. She stressed the value of leading a community based on approved regulations for the best guidance. A Sister having mutual good will, peace and harmony would smooth over many disagreeable situations. Piety based on the principles of faith would help one to perform any deeds of sacrifice. The Religious Sisters of Mercy Order's happiness was encouraged for a happy religious life, resulting in a united sisterhood. All characteristics of true charity were professed with the obligation to love a neighbor; exhibit a love full of kindness; help others by use of time, talents, affections, and to give selfless service. Each Sister was to be gracious, courteous; kind and loving to others in word and act. Especially the Sisters were encouraged to develop the following characteristics: human prudence; a willingness to bear another's burden; having patience; overlooking human peculiarities; showing good principles and justice in all relations with others; be a model

in one's life; keep principles characterized by the aspirations of the soul; pray for spiritual help; and accept trials cheerfully (Sister Mary Carmelita, personal communication, June 25, 1945; Sisters of Mercy of the Americas, 2014, Box 202-26).

Financial challenges. The charitable Sisters, though in financial straits themselves, nevertheless because of their charism were happy to take in the sick and care for them. During the Depression's financial challenges in 1937, Mother Superior of the community at St. Joseph Mercy Hospital in Sioux City, wrote Mother Provincial sharing the good news of a large cash donation. Even though she would disappoint the Sisters, Mother Provincial informed them that, according to the Rule, the donation would have to be invested in a perpetuating fund thereby allowing the yearly interest to be spent for charity cases. According to the Rule, the Sisters were only allowed to use donations as specified.

St. Joseph Mercy Hospital had weathered bad financial times in the past and the Sisters of Mercy persevered through the Depression while remaining faithful to their Rule and Constitution. The Sisters of Mercy were also steadfast in following Church law when borrowing large sums of money to renovate their building. The Sisters presented a request and obtained approval to borrow first from the provincial council, next they petitioned the Diocese's Bishop, and finally forwarded the request to the Pope for approval.

Sisterhood unity. During the golden era, the Sisters of Mercy of Siouxland gave comfort and support for their sisterhood. Because the Religious Sisters of Mercy Order had continued to grow through the years, it was necessary to reorganize. The Order's Rule and Constitution guided the unity of the Religious Sisters of Mercy community. By

a decree from the Pope, the Provinces changed and the members from the Dubuque Community became part of a different Province. An Amendment to the Articles of Incorporation of Sisters of Mercy in Dubuque was made. Mother General and Mother Provincial were appointed for a specified term according to the Order's Rule and Constitution.

Social events. The Order's Rule and Constitution guided the conduct of the daily lives of the Sisters of Mercy including community social events. In May 1950, St. Joseph Mercy School of Nursing celebrated the school's 50th anniversary and a banquet was held during the two-day celebration of the school's golden jubilee. On December 10, 1952, the administrators of Sioux City hospitals were invited to a dinner where the President of the National Foundation for Infantile Paralysis gave an award. During both social events the Sisters of Mercy were paid tribute in absentia; the Rule of their Order did not permit their attendance at public events given by others.

Educating the Religious Mercy nurse. In the address to Religious Orders in 1950, the Sisters, who cared for the sick, were directed and urged to not only keep abreast of others in technical advantages but even surpass them. Sister Mary Gabrielle Hoefer, RSM, (class of 1954) shared her experience as follows:

In the convent, I was a postulant with 14 other postulants. The postulancy is a period of six months in which the postulants get an idea what being a sister is like and each postulant must decide if she wants to pursue being a Sister by entering the novitiate for a period of two years. Some of the novitiate included college courses for one year and the other year being one of learning more about the Order, religious life, and learning about vows and theology. At the end of the

novitiate in March of 1951, I made vows of poverty, chastity, obedience and a fourth vow to serve the poor, sick and ignorant. I was assigned to St. Joseph Mercy Hospital in Sioux City, Iowa to attend the hospital's school of nursing along with Sister Marie Thielen who also had just made her vows. Since we went to Sioux City in March and the school of nursing did not begin until September, they had to find something for us to do. I was taught to work at the switchboard of the hospital and when my instructor thought I was ready, I was asked to take the switchboard while the regular switchboard operator went for coffee at 10:00 A.M. The switchboard in those days had plugs which had to be pulled in and out of the switchboard. Ten o'clock in the morning was a very busy time because the doctors signed in and out by calling the switchboard. Soon after I sat down, one of the lights was flashing very fast and a nursing supervisor told me to get an intern right away. I paged an orderly and soon the light was flashing again. The supervisor said she had asked for an intern and all that came was an orderly. I did not know the difference between an intern and an orderly. Needless to say, I never went on the switchboard again. (Sister Mary Gabrielle Hoefer, personal communication, July 10, 2014)

Prior to the 1950s, the Sisters who were being educated to care for the sick received general education during the first two years of the deep spiritual foundation of the novitiate in the juniorate program. The purpose was to continue the religious formation of the Sister and to prepare her to care for the poor, sick, and ignorant. The Sisters shielded themselves with the virtues necessary for the toils of day, patiently

bearing whatever trials the day brought and doing kind and charitable acts to ultimately be rewarded in the next life for a duty well done.

In 1956, the Religious Sisters of Mercy Order decided the program's most effective time to inculcate the spirit of the Order was at the beginning of the works of the Institute. The religious formation and professional training of nursing was joined or harmoniously fused. During the program, the spiritual formation of the religious and the preparation for the works of the Religious Sisters of Mercy Order's objectives were addressed the following content knowledge and understanding, attitudes, and skills. The basic diploma program was considered the better program in which to enroll the Sisters as they were able to complete the program and be prepared to write the licensing examination at the same time they qualified to make perpetual vows (Coralita, 1963).

In February 1962, the Cardinal told the Sisters, "Remember what you are and what you represent in the Church of God and in the world. The world recognizes you as those who serve in schools, in hospitals, above all to be where no one else will go" (Coralita, 1963, p. 4). The Church expected the Religious Sisters of Mercy Order to carry out a public function of the Church, not a private affair of the Institute, but an official public function of the Church. The Sisters had no self-study guide to determine the degree of excellence of the Sisters Formation Program; as a result, the criteria to measure the soundness of the program came from other related fields. The program hoped to produce, a Christian religious woman capable of living at peace with herself and in harmony with others, for the sanctification of herself and all those persons with whom she came in contact. The program was complex and drew upon various disciplines for

basic understandings and appreciations, especially in the college environment (Coralita, 1963).

The Sisters had a different aim and role in life with certain specialized aspects which could include freedom in service, dedication in service, climate of service as-a milieu or continuous discourse, and a special motivation for service—love of God and their neighbor (Coralita, 1963). Sister Andrea Sieloff Hoefer, RSM, (Social Work) reminisced as follows:

Sister Margaret Westrick, CEO, was definitely one that walked with the clients or with the patient and the staff. She knew every employee by name and everybody loved her... She would do anything for anybody, no matter what it took. I can remember making trips out with her just because somebody needed something and we could do it and we did it. (Sister Andrea Sieloff Hoefer, personal communication, July 9, 2014)

By the end of the diamond era, the Sisters of Mercy of Detroit, dedicated in service to their neighbor, presided over 39 elementary schools, 15 high schools, two homes for the aged, 14 schools of nursing, and 39 hospitals. The Sisters of Mercy directed 19 hospitals in Iowa, including St. Joseph Mercy Hospital in Sioux City. Sister Patrice Klein, RSM, reflected as follows:

The eight years in leadership certainly did a lot of shaping in the sense that you got a handle on the bigger picture, the institute of the Mercies, all the provinces, all the different places, the institutions that we were responsible for. (Sister Patrice Klein, personal communication, July 1, 2014)

Sister Elizabeth Mary Burns, RSM, (class of 1952) published the book *Beyond Measure: A Legacy of Mercy-The Sisters of Mercy in Health Care, 1879-1976* (2009) with the intent that it be “used by our health services system to acquaint its professionals with the roots of Mercy” (Sister Elizabeth Mary Burns, personal communication, July 10, 2014). The Sisters of Mercy accepted honors, not as a tribute to themselves personally, but to the Religious Sisters of Mercy Order.

The Sisters of Mercy have a bond of union making the Sisters one big family. The Sisters of Mercy felt called by God to a life of service to nurse the sick poor as walking nuns was central to their charism. This same charism fueled Mother Mary Catherine McAuley and the Sisters of Mercy legacy of servant leadership carried with them wherever they traveled. Dedicated to alleviating suffering, the walking nuns journeyed wherever there was a need, which led them to take on major responsibilities in the community.

The St. Joseph Mercy School of Nursing student. After the hospital was opened in 1890, the Sisters of Mercy did all the work of caring for the patients at St. Joseph Mercy Hospital until the Training School was started in 1900. More nurses were needed everywhere, and it was logical that young women would receive the best knowledge in the art of nursing at the Sisters of Mercy Hospital while carrying on Mother Mary Catherine McCauley and the Sisters of Mercy legacy of servant leadership. In 1919, to accommodate the growing educational institution at St. Joseph Mercy Hospital, the Sisters of Mercy employed others for the first full-time lay instructor of nurses to teach the theoretical course. The first lay instructor was from New York and stayed for only a couple of months. The second was an alumnus, a Mercy nurse, who became a

nursing instructor and was an integral part of the St. Joseph Mercy School of Nursing for the next 33 years.

To be a good nurse a student needed to be willing and able to sacrifice, to dismiss their own desires and pleasures, to be able to please others and willing to stand in the background. Students, true to their training as a Mercy nurse, learned to give up their own petty wants and desires (Survey, 1927). Great pains were taken by the Sisters of Mercy to imbue the students with a thorough appreciation of their noble calling and its heavy responsibilities; teaching students to conduct themselves at all times in a most conscientious and becoming manner towards patients and doctors. The demeanor of a nurse in training should be characterized by an unfailing hospitality and courtesy to all (Annual Report of St. Joseph's Mercy Hospital, 1918).

Sister Anne Marie Healy, RSM, reminisced as follows:

Sioux City is where I grew the most professionally. I let it be known that I knew they had a school of nursing; Sister Morris was the director at the time and I let her know that if there was ever an opening I would like to be considered. So after I had worked for about a year she said there was an opening in the school of nursing if I would like to try teaching there. She was a very strong leader. I just remember individual people that were so good, so helpful, so loving, and so caring. There was a change in the curriculum. It was an anxious time when I went into the school of nursing, but everybody just rolled with the punches and we accomplished a lot. We had some very good students and we were very proud of the Mercy heritage. (Sister Anne Marie Healy, personal communication, July 23, 2014)

The philosophy of the school originated from Mother Mary Catherine McAuley's following declaration: "to regard nursing not as a mere professional service but a gracious work of Mercy in which the nurse administers to Christ in the service of the poor, sick and suffering" (St. Joseph Mercy School of Nursing Bulletin 1961-1963, 1963, p. 11). The Sisters of Mercy were committed to education for nursing and more; the Sisters were committed to educate the person who gives service to interpret needs and suffering in the light of Christian belief, philosophy, and principles.

Excellence in professional performance was the unique goal that alumni of Sisters of Mercy nursing schools experienced, translated into their lives, and communicated to all with whom they came into contact. The uniqueness of Mercy schools was the recognition that there were real, spiritual values in the world and the mission of the Church was to translate the word of God into terms relevant for every situation in the world. The Sisters of Mercy were given a mandate to be the official representatives of the Church in teaching and nursing in Michigan, Indiana, and Iowa.

The Sisters of Mercy educated and guided nursing students to view life, sickness, and suffering in the light of Christian philosophy and to help others find a valuable and lasting goal (Ellerbrock, 1967). Jane Houston, also previously known as Sister Marianne Hebert, RSM, reminisced as follows:

I chose to go into nursing and knowing that mother couldn't pay for any kind of education somehow I got a hold of a pamphlet from the Sioux hospital school of nursing and at the very bottom on the back it said some scholarships were available. So I took it upon myself to write a letter to the address whatever it was and low and behold they gave me a full three year scholarship everything paid.

So I pursued that in 1955 through fall of 1956. Mid-year in the hospital, they had a retreat for student nurses.... I recall somewhere a little pamphlet got into my hands about serving the Lord as a nun and I just felt a strong tug in that direction. I think because my heart was always longing to find a niche where I could know that God loved me.... (Jane Houston, personal communication, July 18, 2014)

The St. Joseph Mercy School's ideals of education, nursing, and social service were guided by the Sisters of Mercy charism and Rule and Constitution. The school philosophy emanated and persevered through a firm supernatural faith in God and a fervent charity toward mankind. As stated earlier in educating the Religious Sisters of Mercy Order, Mother Provincial asserted the same career concepts and virtues as a career for a student nurse. The person had to consider the demands, their own philosophy, their own attitudes, the profession's objections, and the ethical and humanitarian ideals.

Character formation and inculcation of high ideals and correct principles of life were considered more important than the acquisition of professional knowledge and technical skill. During the training of nursing, no attempt was made to influence the faith of the students, but each girl was permitted to worship in accordance with her own conscience. Specifically, the school's aims focused on developing a strong Christian character, a fervent charity toward others, acquiring the attitudes and skills necessary for professional nursing service, strengthening and improving human relation skills and selfless service; treating the whole patient and understanding the influence of mind over body as trained in the tradition of Mother Catherine McAuley. The school also aimed to assist the student in perfecting new techniques in medicine and nursing skills, and

stimulating a desire for further professional study in the various advance fields of nursing.

The Mercy nurse. The first Mercy nurses were adept practitioners in the professional nursing knowledge of their time. Their successors, the myriad of Mercy graduates, have been equally proficient in their respective times. Modern science and medicine have brought changes and improvements into many phases of nursing. A graduate of St. Joseph Mercy School of Nursing was competent in modern nursing techniques and strived to attain and maintain the ideals of the true Mercy nurse. Sister LuAnn Mary Hannasch, RSM, (class of 1974) reminisced as follows:

It was a delight for me to be able to mentor people like people had mentored me.

To take them under my wing and encourage them to think broader than what they had in the past. It was also a delight to encourage nurses to go on for their bachelor, master and even their nurse practitioner degree. (Sister LuAnn Mary Hannasch, personal communication, July 10, 2014)

In the beginning, the Sisters did all of the manual work; washing, ironing, scrubbing, cooking and nursing, and they went many, many nights without rest. Through the years as the job got too big for the Sisters of Mercy to handle, reluctantly the Sisters came to the conclusion that they needed help from others. In 1900 the first others, who were the students from St. Joseph Mercy Hospital training school, came and were delegated to care and educate the poor, sick, and dying and practice careful nursing in Siouxland. In the first 25 years during the silver era, St. Joseph Mercy Hospital provided good nursing practices while enhancing the hospital's usefulness in the community. As the result of good nursing practices including promptness in operative cases, maintaining

the best institutional environments, effective professional attention, and the adequate supply of wholesome and nutritious food, patients were returned to their jobs in a relatively short period of time.

It was not until 1928 when other registered nurses, including Mercy graduates, were used on staff duty; however, they had been used as private duty nurses from the registry. During the Depression, many unemployed nurses worked general duty at St. Joseph Mercy Hospital in return for board. Occasionally the nursing service would give them an opportunity for special duty which paid a dollar a day. The Sisters would rotate all the nurses from general duty to occasional special duty; thus the nurses received their board and a little money. Others would then learn and witness Christ's work through the Sisters of Mercy's daily lives. The work of the Sisters of Mercy was revered during the polio epidemics; everybody in the community cooperated to fight poliomyelitis, although they also needed help from others from the outside. There was order and quiet, methodical, careful, expert care.

During the silver era, the Sisters of Mercy recognized and appreciated the generous support of the staff and various departments of the hospital to achieve the high standard of efficiency for their nurses. In Siouxland during the golden era, clinical departments were developed with heads of departments to increase efficiency and good staff organization. The Sisters of Mercy continued nursing the sick and poor with the best of care. As the diamond era gave illumination, the nursing profession became an art and a science concerned with the development of the proper knowledge, skills and attitudes requisite to the care of the whole person—body, mind and spirit. In addition to ministrations to the sick, the nursing profession was also concerned with the health

education and preservation in the family and community. Sister Therese Villerot, RSM, reminisced as follows:

One of the aspects that I like about being in home health was that Catherine went out into the community to be with people and that influenced me very much. I have been very fortunate to be with some Sisters that were filled with Catherine McAuley's spirit so I have learned a lot from them. Catherine started something with a group of women who wanted to do something and that impressed me very much. (Sister Therese Villerot, personal communication, July 10, 2014)

In the 1950s, the Sisters of Mercy recognized the value of others who joined the hospital community in the careers they chose. The *Incentive for A Career* speech, given by Mother Mary Carmelita, was published and also given to the Sisters of Mercy, Mercy nurses and nursing students (Manning, 1955; Sisters of Mercy of the Americas, 2014, Box 202-26). Mother Provincial asserted in her message a career was to be chosen according to a women's ability and training. The demands included the sacrifices for the ideal career; to avoid abuse of privileges offered, a strong faith in others, a sympathetic understanding of life's problems, and an enthusiasm for the career when started. A women in a career needs to be honest, courteous, patient and prudent. The person should have an appreciation for the opportunities given and make a point to be not too ambitious in striving for glory. Each person's philosophy needed to reflect the sense of value in one's life which forms their outlook, guides their judgement, regulates their desires of the heart, and directs all of their human energies (Manning, 1955; Sisters of Mercy of the Americas, 2014, Box 202-26).

According to Mother Provincial, the objective of a given profession was the incentive for a career, but to become efficient the person must possess a clear knowledge of the unique content, standards and goals of the field in which the profession operates by means of studying, counseling, and a daily prayer for guidance (Manning, 1955; Sisters of Mercy of the Americas, 2014, Box 202-26). There was also a need for keen appreciation of ethical and humanitarian ideals, skill in coordinating activities of people and groups performing a variety of tasks at different levels of responsibility. This principle was to represent not only human value, but also an indispensable motive in directing the person's efforts and responsibilities for the common welfare. Each person needed to be able to arrive at a sound decision through an exchange of ideas and integration toward unity. The attitude each person was a reflection of the effort to do their part through performance of duty (Manning, 1955; Sisters of Mercy of the Americas, 2014, Box 202-26) (see Appendix UU).

Also during the 1950s, the Sisters of Mercy honored their staff not only for their contributions to the operations of St. Joseph Mercy Hospital, but also identified the qualities necessary in a hospital employee and the relationship to services rendered (Hospital Employees Honored, 1953). Certain qualities and virtues were paramount and necessary in a hospital employee to be marked as a capable and trusted employee. Each member of the hospital staff needed to possess a well-developed sense of responsibility and loyalty. However, the most important quality a good hospital employee needed to possess was to be motivated by charity. The hospital was an economic enterprise and it needed to collect fees and pay bills; otherwise in the material world, it would soon cease to exist and eventually cease to serve the community and humanity. But the economic

management and conduct of the hospital was only a means to an end—the end was the alleviation of the sufferings of humanity (St. Joseph Mercy Hospital and School of Nursing, 1953).

Implications in Nursing

In virtue ethics one considers what sort of person one should be and what sort of life one should lead. Intuitions are seen as expressions of the moral sentiments and practical reason of one's good character, as shaped by the traditions of the community in which one lives (van Hooft, 2006). Philosopher Thomas Aquinas (1224-1274) described a conception of a transcendent reality that one may follow in order to live life well; the feeling of the love of God becomes a motivator for acting well. Specifically, God is the giver of moral law. According to Aquinas, God's grace gives us the theological virtues of faith, hope and charity, by which we direct our thinking and reasoning to higher ideals not of this world. The cardinal virtues include prudence, courage, justice and temperance. Virtues are parts of our character that help us aspire to do God's will or to live in accordance with nature (van Hooft, 2006).

Character formation, inculcation of high ideals, virtues, and correct principles of life were considered more important than the acquisition of professional knowledge and technical skill during the education of the Mercy nurse. Traditions of a community, such as the Religious Sisters of Mercy and the nursing profession, are shaped by cultural and historical influences and the collective wisdom of the people, handed down during upbringing and education, such as novitiate and nursing school, in a given community, such as Siouxland. A tradition, religious and nursing, may be formed and handed down from the allusion to exemplary figures, such as the Sisters of Mercy, or events from the

history of the tradition, such as the Sisters of Mercy jubilee years. Included are positive events, perpetual vows and graduation; leaders from times of struggles, such as circumstances the Sisters of Mercy encountered; or the founders of religions, such as Mother Mary Catherine McAuley.

For nursing today, the exemplary figures in the community, such as the Sisters of Mercy, gather and establish an understanding of what it is to act virtuously. The upbringing and education, such as novitiate program and nursing education by the Sisters of Mercy, pass this understanding on to further generations who further shape the tradition as they respond to new situations and moral challenges (van Hooft, 2006).

The Careful Nursing Model's dimensions and concepts emerged from historical data and guided the analysis of the 20th-century Sisters of Mercy in Siouxland's nursing practice from 1890 to 1965 prisms of time (Meehan, 2014). Historical data from publications written by the Sisters of Mercy in Siouxland (1890-1965) were examined and analyzed by the Krippendorff's content analysis methodology. The Sisters of Mercy Scholars wrote to the following targeted audience: Religious Sisters of Mercy Order, the St. Joseph Mercy School of Nursing student, and the Mercy nurse. Each of the nurse groups became a category. The findings from the historical data from publications written by the Sisters of Mercy in Siouxland (1890-1965) were classified by category on the Careful Nursing Analysis Table (see Appendix VV). Furthermore, these words identified in the findings were listed on the Careful Nursing Analysis Spectrum Table and identified if shared by other nurse categories (see Appendix WW).

The research findings describe a nursing system based on the Religious Sisters of Mercy Order, part of an economic enterprise by well-educated women in the 20th–

century (van Hooft, 2006). According to van Hoot (2006), these words that emerged are individual nurse characteristics and virtues for Mercy work from the archival data of the Sisters of Mercy in Siouxland. The analysis identified all, the genre of women in Siouxland, had the attribute of the theological virtue of charity and the ideals of Mercy. The Religious Sisters of Mercy Order ideals of Mercy were in each genre as well as other positive personal attributes for a professional nurse such as efficiency, professional knowledge and skills, prudence, faith in others, keen appreciation of ethical and humanitarian ideals, responsibility for the common welfare, and sympathetic understanding. A noteworthy point, Religious Sisters of Mercy and the St. Joseph Mercy School of Nursing students were encouraged to act virtuously; whereas a Mercy nurse was expected to have the moral values to give quality care.

Today, the Careful Nursing Professional Practice Model identifies patient and nurse relationships, relationships with other clinicians, and working relationships with support groups (J. Weldon, personal communication, April 17, 2015). The Careful Nursing Model does not clearly identify a category for nurse, nurse characteristics, or virtues (Meehan, 2014).

In light of the Careful Nursing Model, the findings of the words, charity and excellence, were compared to the Careful Nursing Models dimensions and concepts (Meehan, 2014). The word similar to charity is *caritas* and the word *caritas* is identified in the 19th-century Irish Nursing System Model's nursing practice category as well as a word in the Careful Nursing Professional Practice Model therapeutic milieu dimension. *Caritas* is a Latin term for charity, one of the three theological virtues. *Caritas* is influenced by infinite transcendent reality or spirituality to experience the loving

kindness and compassion (Meehan, 2014). The word excellence is identified in the Careful Nursing Professional Practice Model's practice competence and excellence dimension. Excellence is the Greek meaning for virtue and has transcendence strengths that forge connections to the larger universe and provides meaning (van Hooft, 2006).

The findings of virtues from the 20th-century historical data of the Sisters of Mercy in Siouxland's nursing system is supported as concepts and dimensions in the 19th-century Careful Nursing Conceptual Model and the 21st-century Careful Nursing Professional Practice Model. However, the findings of individual nurse characteristics and virtues for Mercy work from the 20th-century historical data of the Sisters of Mercy in Siouxland's nursing system are not identified; therefore, further research is recommended. Further elaboration, critical examination and testing is needed for consideration to include a nurse virtue dimension for additional virtue concepts as part of the 21st-century Careful Nursing Model. This historical research has the potential to contribute significantly to knowledge of contemporary nursing on virtue ethics.

The Sisters of Mercy painstaking upbringing of novitiate and nursing students allowed the Sisters to serve God and alleviate human suffering by sending Religious Sisters of Mercy and Mercy nurses out into the world to bestow the spirit of Mercy through the duties of their profession. The responses by this genre of women in return shaped the tradition of religious and nursing. Careful Nursing is both a philosophy and a model of professional practice and both are interrelated (Meehan, 2014). This study contributes to previous Careful Nursing Model research by identifying additional characteristics and virtues of a professional nurse doing good Mercy work into the 20th-century.

The Sisters of Mercy became the leaders of excellence in healthcare during the 20th-century because of their charism actions as walking nuns while caring for the poor, sick and dying and practicing careful nursing in Siouland. In modern society traditions such as nursing have less influence than in the past; and more negatively our caring and moral sentiments may come under challenge from competitiveness, indifference to others, and the envy that modern life encourages (van Hooft, 2006).

Today, institutes and the profession of nursing strive for excellence in the healthcare community to provide quality care to the patient. The commitment to the scholarship of practice may be guided using the Careful Nursing Model, a reflection of Catherine McAuley and the Sisters of Mercy work. Sister Maurita Soukup, RSM, contributed the following:

My passion intensified as a sacred ministry. The Sisters of Mercy take a fourth vow of service and as I reflect on this, it called me to a deeper commitment. My life's ministry has been increasingly focused to clinical excellence for the critically ill, multidisciplinary colleagues engaged in care of persons and their families who are experiencing critical illness. This has evolved to my own personal commitment to the scholarship of practice, as a nurse and a Sister of Mercy. I really attribute Catherine McAuley's Careful Nursing Model, which I define as competence, care and compassionate presence. That has guided my practice as a bed side clinician and leader.... Catherine had a gift in caring for the sick and she modeled to others competence, care and compassionate presence-all attributes integrated into this evolving Model has continued to influence nurses globally. The Model captured the heart of Mercy because it is about

relationships: those whom we as nurses care for and colleagues with whom we work. I have been blessed to work with many nurses and physicians who hold a similar passion for clinical excellence in the ministry healthcare, which has resulted in collaboration in promoting the safe practice, a culture of safety and contributions to healthcare delivery for systemic change. (Sister Maurita Soukup, personal communication, August 3, 2014)

Furthermore, nurses need to be educated on virtues and exemplary figures in nursing to have a better understanding of the standards of excellence. “As a nurse and Sister of Mercy, Catherine McAuley and Florence Nightingale modeled for us—each in their own style—not only competence, care, and compassionate presence in care of the sick but a friendship that supported one another in joy and complex challenges” (Sister Maurita Soukup, personal communication, August 3, 2014). Nursing leaders in hospital administration and nurse education also need to understand virtues in order to recognize them and make judgments. The profession of nursing must be steadfast in upholding standards and accountability for the moral ideals of virtues in nursing. Exemplary figures in the community from the past, such as the Sisters of Mercy in Siouxland, give us a means of understanding the standards of excellence in the present which should be set for nursing and expected by our communities in the future.

Limitations

The Sisters of Mercy were directed by a sense of place and dedicated out of love for God and neighbor to walk among those in Siouxland. The Religious Sisters of Mercy vowed lives committed to perpetual poverty; for the Sisters the keepsakes of this world had no value. They treasured the Feast Day and memorial service souvenir cards

representing lives of devotion, unselfish acts, and the way to leave this world wearing a crown of glory for their sacrifices of their lives for their faith. In the beginning, only a few records and artifacts of their journey were kept by the Sisters of Mercy in Siouxland. Eventually, other people would learn from works written by the Sisters of Mercy and witness Christ's work through the Sisters of Mercy's daily lives. The Sisters accepted honors not as a tribute to themselves but to the Religious Sisters of Mercy Order and publicize unpretentiously. As a result, the first challenge for this research was the limited evidence available from the uncovered collections, documents, letters, and pictorial archives.

A second challenge was including oral interviews from Sisters of Mercy about Catherine McAuley and the Sisters of Mercy in Siouxland. The 10 Sisters of Mercy who had resided in Siouxland shared their nursing experiences which collectively totaled over 450 years of Mercy work. The interviews provided rich but limited historical subject matter. The challenge was that the number of Sisters of Mercy in nursing is declining. Sister Maurita Soukup, RSM, provided the perspective of the number of Religious Sister of Mercy in the profession of nursing:

These Sisters nurses were visionaries; many prepared at the Master Science in Nursing level in their area of specialty and had a strong work ethic. However, within a 10 year period approximately 43 passed which made me very sad. Currently, there are three of us actively involved in nursing. I am not sure if other Mercy Nursing Sisters witnessed such a loss, but I often reflect on these individuals and the positive influence they had in my life. (Sister Maurita Soukup, personal communication, August 3, 2014)

Furthermore, Sister LuAnn Hannasch provided her perspective on the ages of the Religious Sisters of Mercy still in the profession of nursing, "...there are just not very many nurses around either. I don't think there are, I mean I have been in the community 37 years and it will be 38 and there isn't a Religious Sister of Mercy nurse younger than me" (Sister LuAnn Hannasch, personal communication, July 10, 2014).

Recommendations for Future Study

Historically, the Sisters of Mercy continued to maintain and expand St. Joseph Mercy Hospital and at the same time continued their Mercy work. In January 1977, St. Joseph Mercy Hospital and St. Vincent Hospital merged and formed one institution titled Marian Health Center. After the merger, the hospital's school continued to graduate nursing students until it was decided to close the school in 1986. During St. Josephs Mercy School of Nursing history, 4,557 Mercy nurses recited the Mercy Nurses' Pledge at capping and commencement and the Florence Nightingale Pledge at graduation.

In 1999, the hospital's name was changed to Mercy Medical Center-Sioux City in honor of the Sisters of Mercy. Later that year, the Mercy Medical Center became part of the Catholic Health Ministries-Trinity Health which was created by combining the regional community of Sisters of Mercy in Detroit and the congregation of the Sisters of the Holy Cross. In 1998, Mercy Health Network was founded as a network of hospitals and health care organizations under a joint operating agreement between two of the largest Catholic, not-for-profit health organizations in the United States. The two were Catholic Health East (CHE) Trinity Health, headquartered in Livonia, Michigan and Catholic Health Initiatives, headquartered in Englewood, Colorado. In May 2013, the fourth-largest Catholic health system in the United States, Trinity Health merged with

CHE, Newtown Square, Pennsylvania, to become CHE Trinity Health, Inc., headquartered in Livonia, Michigan. Today, CHE Trinity Health is the second-largest Catholic health system in the country (Burns, 2009; Mercy Medical Center-Sioux City, 2015; Sister Maurita Soukup, personal communication, August 3, 2014).

Nursing history is like a kaleidoscope, with prisms of time representing the past, present, and future experiences of nursing. The existence of nursing history is unknown until it is written; similar to the shadowed image of a kaleidoscope mirror is the history of the Sisters of Mercy in Siouxland. Past experiences of nursing provide the light and hue which influence present day professional practices. Historical research sheds light on the past in order to understand how the Sisters of Mercy's Siouxland journey as walking nuns in nursing is part of the kaleidoscope of nursing history. As a result of the research and findings, new questions were ignited for future study considerations to learn about and have a deeper understanding of nursing history from a different perspective in light of the Careful Nursing Model. How did the Sisters of Mercy nurse leader's charism actions with membership impact nursing organizations and professional nursing policy development? There may be some significance to examine the Sisters of Mercy impact in nursing on nursing organizations and professional nursing policy development.

As this research is concluded, questions are cast for future research endeavors on the Sister of Mercy's charism actions as walking nuns. Under the guidance of the Sisters of Mercy, St. Joseph Mercy Hospital has progressed into Mercy Medical Center in Siouxland. Through the prisms of time, how have the Sisters of Mercy and Mercy works transformed in Siouxland? How did the addition of men in nursing during the modern era impact the community, public health, and nursing in Siouxland?

The year 2015 marked Mercy Medical Center's Post Centenary Silver Jubilee. Each prism of time reflects the Sisters of Mercy's historical impact on the community, public health, and nursing. This researcher recommends investigating the era from 1966-2015 of the 21st-century Sisters of Mercy in Siouxland in light of the Careful Nursing Model. The evidence of historical nursing research will radiate the full spectrum of colors to the past as prisms of time, illuminating the walking nuns' Siouxland journey and experiences in nursing, exposing greater understanding of professional identity and expansion of nursing science, while giving insight into the past, present, and future of nursing.

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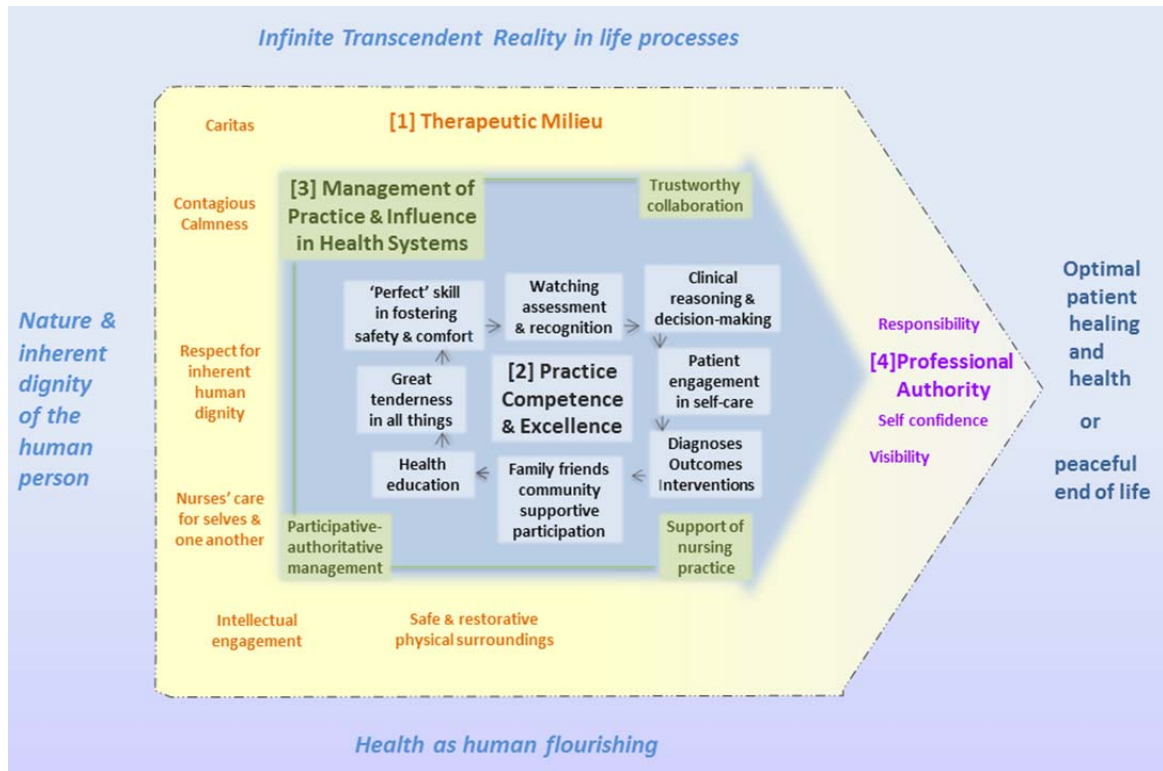
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Appendix A: The Careful Nursing Professional Practice Model



(Meehan, 2014) Model reprinted with permission from Therese Meehan.

Appendix B: Cover Letter

SOUTH DAKOTA STATE UNIVERSITY
HUMAN SUBJECTS COMMITTEE
COVER LETTER

Dear _____:

You are invited to participate in a study entitled *Catherine McAuley and the Sisters of Mercy: Walking Nuns in Siouland 1890-1956*. The project is part of a dissertation for the degree PhD in Nursing at South Dakota State University.

The purpose of this historical proposal is to examine Catherine McAuley and the Sisters of Mercy in Siouland from 1890-1956: their impact on the community, public health, and nursing.

You have been invited to participate in the study by taking part in an interview. You will be asked to share your memories and thoughts of this study's topic. It will take approximately sixty minutes of your time at a meeting site of your convenience.

Your participation in this project is voluntary. You have the right to withdraw at any time. There are no risks or benefits in participating in the study.

There are no known risks or direct benefits to your participation in the study.

A signed consent form will be obtained at the time of the interview.

You have the right to choose your responses to be anonymous to ensure that they cannot be linked to you personally. You would be identified as your professional title from that era versus name and title. Also if you choose to be anonymous any personal information you provide that is linked to your name will be held in strict confidence when the data is presented. Your signed consent form will be separated from your data before the data is reviewed.

If you have any questions, now or later, you may contact us at the number below. If you have any questions about your rights as a human subject, please contact SDSU Research Compliance Coordinator at (605) 688-6975 or SDSU.IRB@sdstate.edu. Thank you very much for your time and assistance.

Sincerely,

Diane L. Smith RN, BSN, MSN
Project Director
18387 K13
Akron, IA 51001
712-568-2995
diane.smith@nwciova.edu

Appendix C: Human Subjects Form

Informed Consent
Catherine McAuley and the Sisters of Mercy: *Walking Nuns* in Siouxland
A Historical Research Study
1890-1956

I, _____, consent to participate in this study. My participation is voluntary and I have the right to withdraw at any time. I have been informed that there are no risks that will be encountered than those experienced every day.

I have been informed that this interview will be recorded. The interview will be transcribed and a copy will be provided to me to review. I have the right to edit and revise my comments. A copy of the final version will be given to me. A copy of the signed consent will be provided to me.



I consent to disclose my name and title when data is presented.



I decline to disclose my name and title when data is presented.

Signature of Study Participant

Date

Interviewer and Project Director

Date

Appendix D: Permission: Mercy Medical Center-Sioux City



April 8, 2014

To Whom It May Concern:

This is to advise you that Diane L. Smith has permission and support to include historical artifacts and information about Catherine McAuley and the Sisters of Mercy for her research proposal *Catherine McAuley and the Sisters of Mercy: Walking Nuns in Siouland*.

Mercy is collaborating with Ms. Smith on this project. We understand that she is in need of this in order to complete her PhD in Nursing Doctoral Dissertation.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Dianne Krier".

Dianne Krier, Public Relations Coordinator
Mercy Medical Center – Sioux City

Permission for Research and to include Historical Archives

Appendix E: Permission: Therese Meehan for Careful Nursing Model

1 Airfield Court,
Donnybrook,
Dublin 4,
Ireland
March 20th 2014

Doctoral Dissertation Proposal Committee,
College of Nursing,
South Dakota State University,
Brookings,
South Dakota,
USA

I am very pleased to know that Diane L. Smith, MSN, RN is planning to use the Careful Nursing Philosophy and Professional Practice Model as a framework of reference in her Ph.D. dissertation. She has my full support in doing so and I will be happy to respond to any questions regarding the model that she may have.

Sincerely,

Therese C. Meehan, RGN, PhD
Adjunct Senior Lecturer in Nursing
School of Nursing, Midwifery & Health Systems
University College Dublin, Ireland.
Adjunct Professor
Graduate School of Nursing, Midwifery and Health
Victoria University of Wellington, New Zealand.
+353873187226

Permission for the Careful Nursing for Professional Practice Model

Appendix F: Permission: South Dakota State University Institutional Review Board
Committee



South Dakota State University

Office of Research/Human Subjects Committee
SAD Room 124
Box 2201 SDSU
Brookings, SD 57007

To: Diane L. Smith, College of Nursing

Date: June 23, 2014

Project Title: Catherine McAuley and the Sisters of Mercy: *Walking Nuns' Journey in*
Siouxland (1890-1956)

Approval #: IRB-1406005-EXM

Thank you for taking such care in completion of the request and research protocol. This project is approved as exempt human subjects' research. The basis for your exempt status from 45 CFR 46.101 (b) is:

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:

(i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation; and

(4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

If there are any unanticipated problems involving risks to subjects or others, or changes in the procedures during the study, contact the SDSU Research Compliance Coordinator. Protocol changes must be approved by SDSU prior to implementation. At the end of the project please inform the committee that your project is complete.

If I can be of any further assistance, don't hesitate to let me know.

Sincerely,
Norm

Norman O. Braaten
SDSU Research Compliance Coordinator

Permission for the Dissertation Research

Appendix G: Permission: Sisters of Mercy of the Americas, Mercy Heritage Center

Belmont, North Carolina



July 24, 2014

To Whom It May Concern,

The purpose of this letter is to authenticate Mercy Heritage Center, Belmont, North Carolina, as the archives of the Institute of the Sisters of Mercy of the Americas and to grant permission for Diane L. Smith to cite sources from this collection in her dissertation, "Catherine McAuley and the Sisters of Mercy: *Walking Nuns* Journey in Siouland" in compliance with Mercy Heritage Center's policies outlined in our Access Agreement/Request form.

The preferred citation is: Sisters of Mercy of the Americas, Mercy Heritage Center, Belmont, North Carolina.

Sincerely,

A handwritten signature in cursive script that reads "Betsy Johnson".

Betsy Johnson, CA

Assistant Archivist

Appendix H: Permission: Sisters of Mercy, West Midwest Community Archives Omaha,
Nebraska



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*Photograph from the McAuley Center in Farmington Hills, Michigan of
a traditional Sister of Mercy Habit*

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The image will be reprinted in the dissertation: *Sisters of Mercy: The Walking Nuns' Siouxland Journey and Experiences in Nursing (1890-1965)*.

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Sisters of Mercy, West Midwest Community Archives, Omaha, Nebraska

Dated: February 6, 2015

Monte Kniffen
Senior Archivist
Sisters of Mercy, West Midwest Community

Sisters of Mercy of the Americas | West Midwest Community
7262 Mercy Road, Omaha, NE 68124 t 402.393.8225 f 402.393.8145 w mercywestmidwest.org

Permission to include Historical Archives

Appendix I: Permission: Trinity Heights' St. Joseph Center/Museum



August 19, 2014

To Whom It May Concern:

The purpose of this letter is to authenticate Trinity Heights', St. Joseph Center/ Museum, Sioux City, Iowa archives and to grant permission for Diane L Smith to site sources from this collection in her dissertation, "Catherine McAuley and the Sisters of Mercy: Walking Nuns Journey in Siouxland" in compliance with Trinity Heights' Museum policies outlined in our Access Agreement/Request form.

The preferred citation is: Trinity Heights' St. Joseph Center / Museum, Sioux City, Iowa.

Sincerely,

Mary K. Stevens
Dir. St. Joseph Center/Museum
Trinity Heights/Queen of Peace
Sioux City, IA

We are Catholic in our theology and ecumenical in our intent and appeal.

Permission to include Historical Archives

Appendix J: Permission: Sioux City Research Center

Form C

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Permission To Reproduce**

- Permission must be granted by the Sioux City Public Museum in order to use images from the collections of the Museum in any exhibition or publication form.
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Name Diane L. SmithOrganization Mercy Medical Center

Address _____

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Phone _____ E-mail _____

Non-Profit ☒ Profit _____Exhibition/Publication Title: Catherine McAuley and the Sisters of Mercy :Date of Exhibition/Publication: 2015 Walking Nuns inSiouxland

Image Description	Museum Accession #	Use Fee
<u>Photos & Artifacts</u>		

Please read and sign: I hereby request permission to publish an image from the Sioux City Public Museum. I agree to use the credit line "Courtesy of the Sioux City Public Museum, Sioux City, IA" and to donate a copy of the publication to the Sioux City Public Museum.

Signature of Applicant Diane L. Smith Date 11-14-14Signature of the Museum's Curator of History Grace E. Linden Date 11-14-14

Permission to include Historical Archives

Appendix K: Permission: Sioux City Public Library

**Sioux City Public Library**529 Pierce Street ♦ Sioux City, IA 51101-1203 ♦ 712.255.2933 ♦ www.siouxcitylibrary.org

January 30, 2015

To Whom It May Concern:

The purpose of this letter is to authenticate the Sioux City Public Library and its collection of materials. The Sioux City Public Library does not own copyright for the material in its collection. The Library does, however, acknowledge the availability of its collection for use by Diane L. Smith in doing research for her dissertation entitled *Religious Sisters of Mercy: Walking Nuns' Nursing in Siouxland (1890-1965)*, as well as all who visit the Library, with the understanding that copyright law must be fully adhered to.

Sincerely,

Sara Doyle
Operations Manager*Connecting you to a world of ideas*

Permission to include Historical Archives

Appendix L: Permission: the *Sioux City Journal*

Chris Coates
Executive editor
Sioux City Journal
PO Box 118
Sioux City, IA, 51105

SIoux CITY
JOURNAL
COMMUNICATIONS

Chris Coates
Editor

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515 Pavonia St.
Sioux City, IA 51102
www.siouxcityjournal.com

(712)293-4273
Fax: (712)279-5059
ccoates@siouxcityjournal.com

Nov. 14, 2014

To whom it may concern,

Diane L. Smith has mission from the Sioux City Journal to include the Sioux City Journal's archives uncovered for SDSU PhD in Nursing dissertation "Sister Catherine McAuley and the Sisters of Mercy: Walking Nuns Journey in Siouxland 1890-1965."



Chris Coates
Executive editor
Sioux City Journal

Permission to include Historical Archives

Appendix M: Permission: the March of Dimes

March of Dimes Foundation

National Office
1275 Mamaroneck Avenue
White Plains, NY 10605
Telephone (914) 428-7100
Fax (914) 428-8203

marchofdimes.com

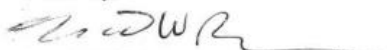
March 12, 2015

Diane Smith
18387 K13
Akron, Iowa 51001

Dear Diane:

This letter confirms permission to use ten (10) March of Dimes photos provided to you earlier this year for your forthcoming doctoral dissertation *Sister Mary McAuley and the Sisters of Mercy: Walking Nuns Journey in Siouland, 1890-1965* (South Dakota State University). The photos are provided with our permission and free of any licensing fee. In your photo credits, please credit "March of Dimes Foundation."

Sincerely,

David W. Rose
Archivist

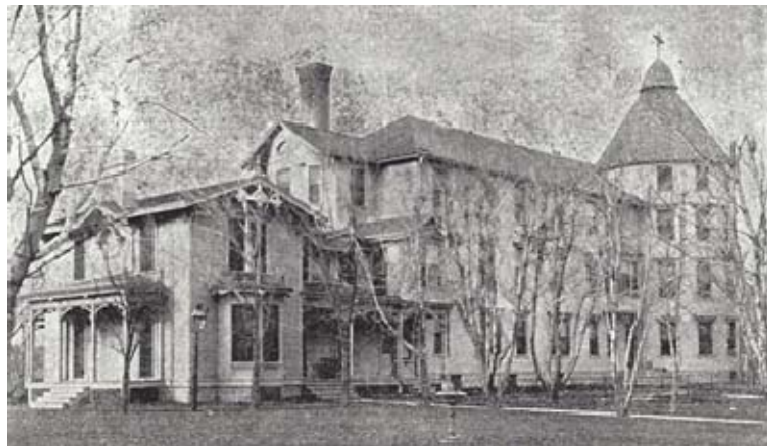
Permission to include Historical Archives

Appendix N: St. Joseph Mercy Hospital: First Patient May 14, 1890



The first Pierce house purchased at the cost of \$12,789 and was opened May 4, 1890 and the first patient was seen on May 14, 1890. Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Appendix O: St. Joseph Mercy Hospital Edition Dedicated November 18, 1890



Traded for second Pierce house with 40 acres of land and purchased medical supplies for \$31,000. Sisters and patients moved to the new location on 21st & Boulevard on July 15, 1890. A new three story brick building was built and dedicated on November 18, 1890 for \$18,000. Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Appendix P: St. Joseph Mercy Hospital 1899 Edition



Pierce house was removed and a large three story wing was erected to the east side of the 1890 building for \$75,000 in 1899. Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

St. Joseph Mercy Hospital 1899 Edition from Ingleside



The 1899 edition of the hospital viewed from Ingleside Street. Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Appendix Q: St. Joseph Mercy Hospital 1902 Edition to the East



In 1902, an edition was made to the east side of St. Joseph Mercy Hospital. Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Appendix R: 1902 Spiritual and Temporal Report to Bishop's House

Mercy Hospital

BISHOP'S HOUSE

Sioux City, Iowa, June 30, 1902.

DEAR SISTER SUPERIOR:

Will you kindly answer and return to me promptly, the enclosed questions. I ask them in order that I may have an accurate knowledge of your spiritual and temporal condition. Thus informed, I hope that I may be able to serve your interests more effectively.

Very truly in Christ,
 PHILIP J. GARRIGAN,
 Bishop of Sioux City.

Name of Community? *Sisters of Mercy*
 Number of Sisters, lay and choir? *Twenty-five*
 Nature of your work? *Caring for the sick*
 What are your means of support? *By receiving contributions*
 Number of persons cared for? *At least*
 Hospital *Don't have a hospital*
 Asylum *Don't have an asylum*
 Who are your confessors, ordinary and extraordinary?
Rev. Fr. Green, Ordinary. Rev. Father Coughlin
 Are your spiritual needs well cared for? *By Rev. Fr. Green and Fr. Coughlin*
 Where is your Mother House? *At Dubuque, Iowa*
 Name of your Superior General? *Rev. Mother M. Rice*

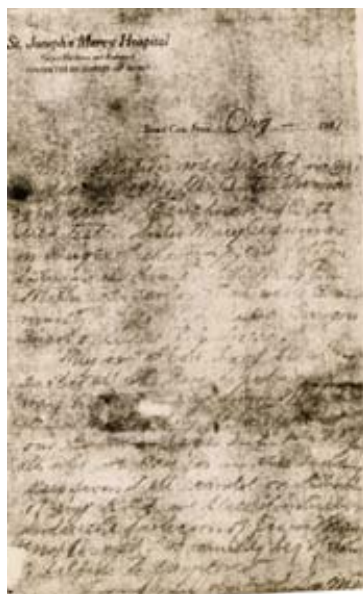
The Sisters of Mercy spiritual and temporal condition reported to the Diocese of Sioux City in 1902. Report reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center.

Appendix S: St. Joseph Mercy Hospital 1911 New Wing



In 1911, St. Joseph Mercy Hospital added a new wing with an entrance changed to Court Street for a total of 200 beds. Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Appendix T: Mother Mary Pius 1911 Letter for Edition in Cornerstone



Mother Mary Pius' letter placed in the 1911 Edition cornerstone. Letter reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center.

Appendix U: Interpretation of Sister Mary Pius 1911 Letter

St. Joseph Mercy Hospital
Corner 21st and Boulevard

August 1911

This addition was erected in the year of 1911. Mr. A. C. Thomas contractor, Beuchner and Orth architects, Sister Mary Aquinas in charge of the Hospital. Fifteen Sisters in the house. Sister Mary Pius Mother Superior of the whole community. Rt. Rev. Bishop Garrigan, Bishop of Sioux City diocese.

May our dear Lord bless and protect all who have helped in any way to build this addition. May our Blessed Mother, holy St. Joseph and our Guardian Angel protect and help all who we care for in this building. Keep from it all scandal or destruction of any kind. We place it entirely under the protection of Jesus, Mary and Joseph and earnestly beg of them to help us to pay for it.

Lovingly in the Lord.

Sister Mary Pius

Mother Mary Pius 1911 letter interpreted after being discovered in 1968. Interpretation of letter reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center.

Appendix V: Hospital Cornerstone Yields Some Mementos in 1968



In May 1968 while workmen were demolishing the original St. Joseph Mercy Hospital at 21st and Court Street, they set aside the cornerstone and hospital officials removed a tin mustard plaster box which had been placed inside. The cornerstone was placed in 1911 during the construction of the last of the series of additions to the hospital. Among items in the box was a letter written for the cornerstone by Mother Mary Pius. Her niece, Sister Mary Etheldreda Collins, is shown reading the letter. Also in the box were some religious medals and token and two pages from an 1890 edition of the Sioux City Diocese publication, *The Northwest Catholic*. Unfortunately, the cornerstone had been hauled away with the rest of the debris (Hospital Cornerstone Yields Some Mementos, 1968). Photograph reprinted with permission from the *Sioux City Journal*.

Appendix W: Memorial Card of Sister Mary Boniface Hogan's Service



At Sister Mary Boniface Hogan's memorial service souvenir cards were distributed for attendants to keep and pray. Souvenir card reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center.

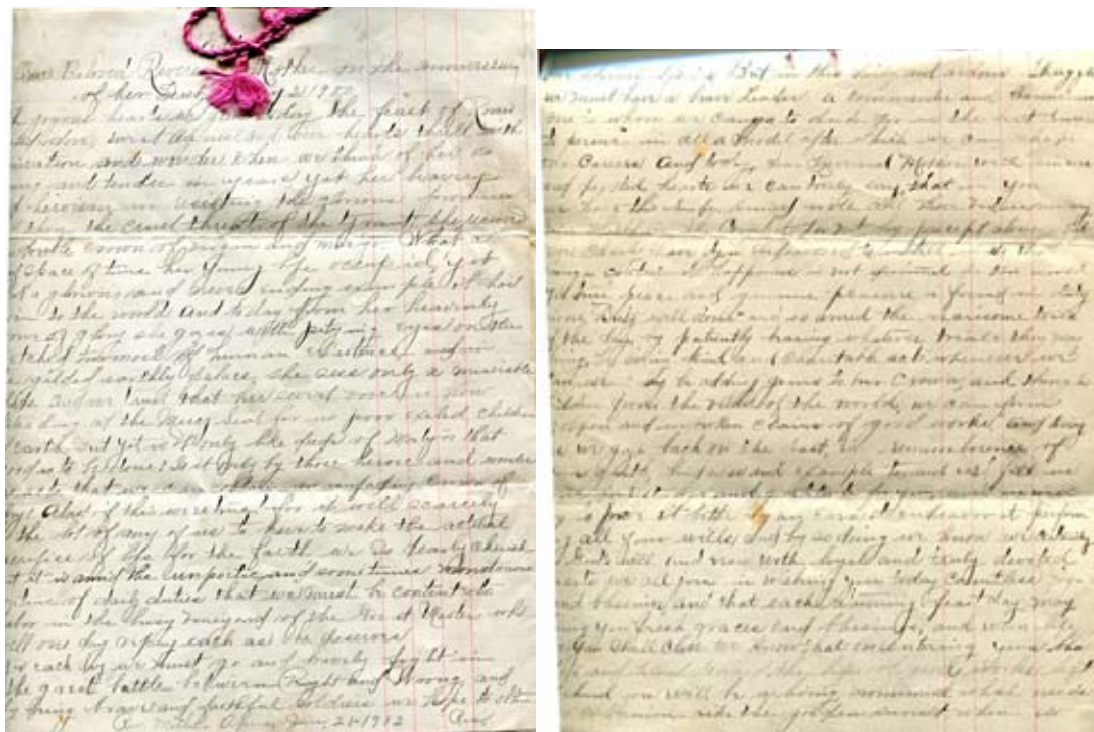
Appendix X: Sister Mary Agnes' 1923 Postcard to Sister Mary Stanislaus

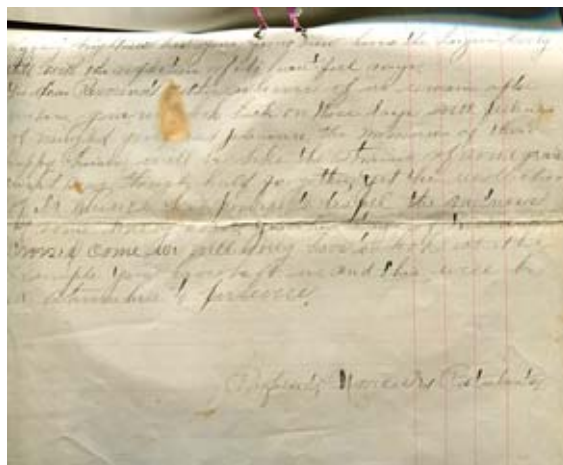


Sister Mary Agnes Hanley sent a postcard to Sister Mary Stanislaus after receiving a photograph from her in January 1923 (see Figure 4.17). Postcard reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center.

Appendix Y: 1912 Letter to Sister Mary Agnes Hanley from Novices

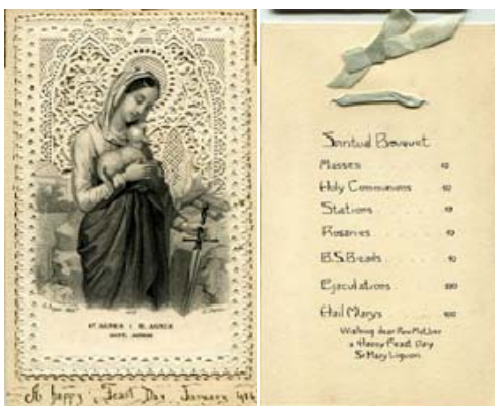
(Appendix continued on next page.)





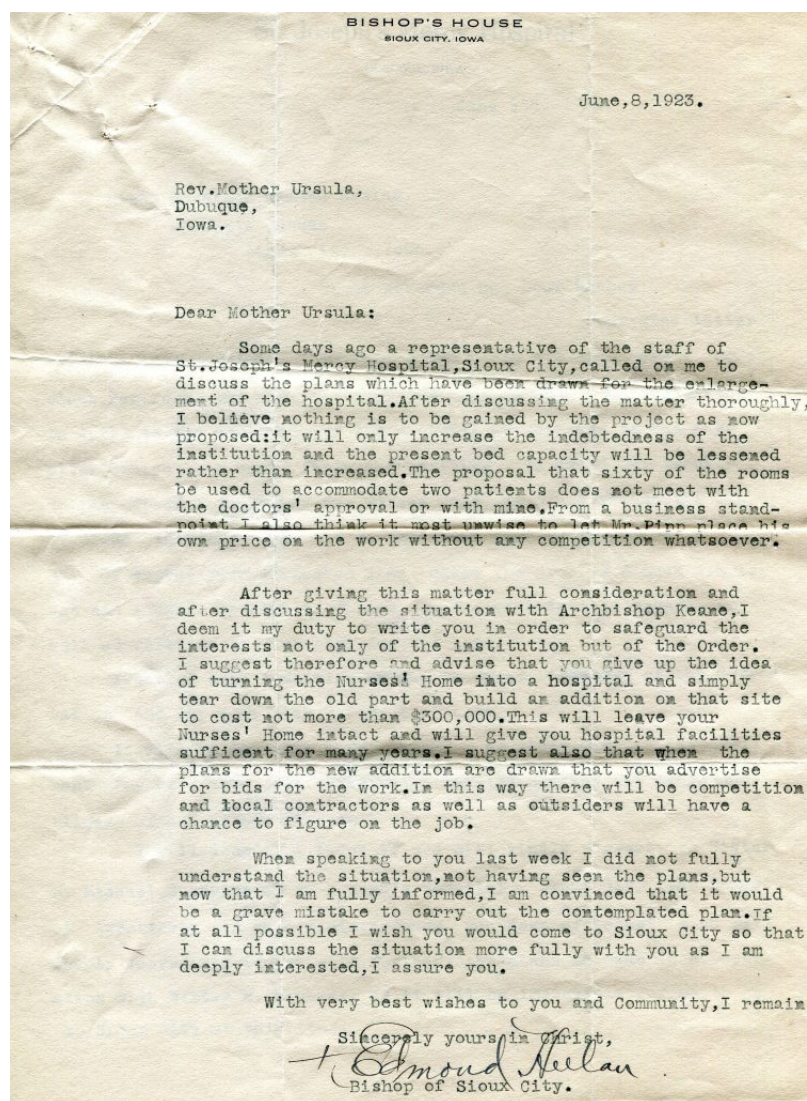
The Novices and Postulants wrote a letter to Mother Mary Agnes Hanley on her Feast Day January 21, 1912. Letter reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center.

Appendix Z: Feast Day Souvenir Cards for Sister Mary Agnes Hanley



Souvenir cards are given or received on feast days and holy days. Mother Mary Agnes Hanley received these souvenir cards on her feast day January 21st. Photograph reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center.

Appendix AA: 1923 Letter to Mother Superior Ursula Dunn from Bishop Heelan



This is a letter the Bishop of Sioux City sent to Mother Ursula Dunn about 1923 institutional expansion. Letter reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center.

Appendix BB: 1923 Letter to Bishop Heelan from Mother Superior Ursula Dunn

St. Joseph's Mercy Hospital
DUBUQUE, IOWA

June 9th. 1923.

Right Reverend Edmund Heelan.
Bishop's JHouse.
Sioux City . Iowa.,

Right Reverend and Dear Bishop:

Your kind letter

received this morning. I am very sorry I did not make myself more clear regarding the hospital building program when I consulted you in April as the advisability of building an addition to the hospital, which is a non)- fireproof building . To avoid any trouble in the matter I suggested the Nurses Home as I understand the law of UIowa regarding hospitals is that they must be fireproof.

Of course your suggested plan makes the problem a much simpler one and I shall be glad to follow your advice in this regard as well as relative to your plan for the bids.

I shal,l call a meeting of the Board of Directors of the Corpo)-ration and lay your plan before that body.

It will be impossible for me to go to Sioux City at the pre)-sent time as I have just reveeived a message stating the dangerous illness of one of our sisters

I will deem it a favor if you will kindly suggest to Sister M. Michael, Superior of St J,oseph's Hospital . Sioux City ,the names of Architects in your vicinity whom you deem efficient also will deeply appreciate if you will further the plans at once in co-operation with Sister M. Michael, as it will be impossible for me to go to Sioux City at this time.

This is a letter from Mother Superior Ursula Dunn sent to the Bishop of Sioux City about 1923 institutional expansion. Letter reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center.

Appendix CC: St. Joseph Mercy Hospital Front Entrance in 1925



The front entrance to St. Joseph Mercy Hospital after the annex was constructed (The Survey of 1927, 1927). Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Appendix DD: St. Joseph Mercy Hospital North View in 1925



The St. Joseph Mercy Hospital North view of the four story annex after addition was erected in 1925 (The Survey of 1927, 1927). Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Appendix EE: St. Joseph Mercy Hospital Chapel in 1925



The St. Joseph Mercy Hospital Chapel was available to the Sisters of Mercy, nurses, staff, patients, family and friends of patient, and other community members (The Survey of 1927, 1927). Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Appendix FF: Letter from Mother Carmelita Manning on Donation and Rule

024

July 27, 1927
Feast of St. Pantaleon

(C)

Sister M. Esther, R. S. M.
St. Joseph Mercy Hospital
Sioux City, Iowa

My dear Sisters:

I received your letter of July 21, telling me of the good news of Mr. Thomas Brown's donation, of Blencoe, Iowa. I am so happy to read in your letter that you had already received the cash of \$20,000. I fear that I will have to disappoint you by telling you this money will have to be set aside in a perpetuating fund whereby the interest each year will be spent for charity cases, according to our rule we are not allowed to use money purposes only that for which it is specified. I think the best way to handle it now is to send Sister M. Scholastica \$1,000 each month, until you have deposited \$20,000 at the Provincial House. We will buy some bonds or some safe security for 4 or 4½% and will send you a check every six months for the interest, which will be \$800 or \$900 a year that you will receive for charity, after you have deposited the \$20,000. Or if you prefer to go to the bank here and get the \$20,000 and send it to Sister M. Scholastica, and pay the bank back a thousand dollars a month, I believe it could be simpler, and I could invest the money, if I had it, by September 1. However, either way will be all right.

I am leaving here for Dubuque next Sunday. You can write me there.

You didn't say whether the construction company was paying Gerald's hospital bill. If not, I would like to look after it further. I am glad he is feeling better. Hope you and all are well. God love and bless you.

Devotedly in Christ,

Mother Provincial

Mother Provincial Mary Carmelita replied on July 27, 1937 to Sister Mary Esther about and donation according to the Rule. Letter reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center.

Appendix GG: Construction of St. Joseph Mercy Hospital Nurses Home



In 1916, construction started but with World War offered by the Sisters of Mercy to the nation for government institutions. Photograph reprinted with permission from the Sioux City Research Center.

Appendix HH: St. Joseph Mercy Hospital Nurses Home 1927



St. Joseph Mercy Hospital Nurses Home for student nurses with rooms on the top three floors and classrooms on the bottom two levels. Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Appendix II: Nurses Home Reception Room 1927



Large reception room located at the St. Joseph Mercy Hospital Nurses Home.

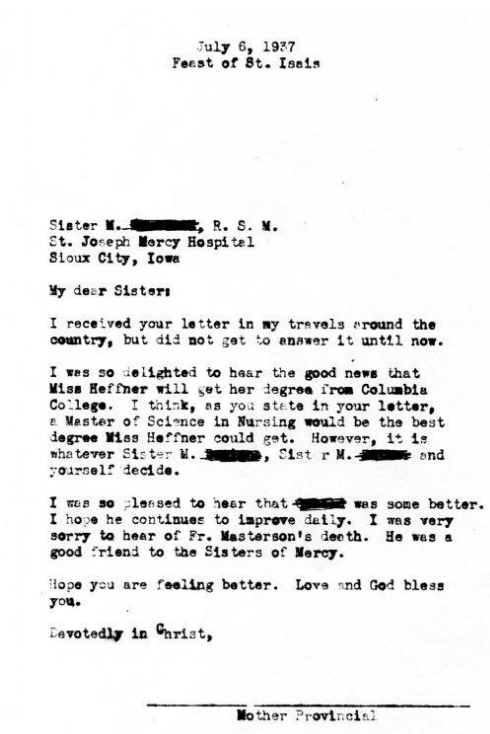
Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Appendix JJ: Nurses Home Classroom 1927



St. Joseph Mercy School of Nursing for nursing students attended classes in the Nurses Home. Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Appendix KK: Sisters of Mercy 1937 Letter for Augusta Hefner's Education



Sisters of Mercy in Sioux City and Mother Provincial Mary Carmelita Manning supported and sanctioned Augusta Hefner further education in 1937. Letter reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center.

Appendix LL: 1943 Hospital's Chapel: Ideal Setting for Devotions



The St. Joseph Mercy Hospital Chapel with its beautiful stained glass windows was quiet and lovely refuge for peaceful meditation and prayer. Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Appendix MM: Hospital and College of Nursing South View in 1943



The air view of St. Joseph Mercy Hospital included the College of Nursing with the entrance in foreground. Directly behind the entrance and separated by the old wing laid the new annex extending to the north. Photograph reprinted with permission from the Sioux City Research Center.

Appendix NN: St. Joseph Mercy Hospital North End in 1943



The air view of St. Joseph Mercy Hospital includes the view of the north end and view down Court Street. Photograph reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Appendix OO: 1952 St. Joseph Mercy Hospital



The air view of St. Joseph Mercy Hospital includes the view of the east side on Court Street. Photograph reprinted with permission from the Sioux City Research Center.

Appendix PP: Mother Mary Carmelita Talks to the Sisters 1945

Talk given by Mother Provincial to the Sisters
at the opening of the Summer School Session,
Sunday, June 25, 1945

To have a religious community it is necessary for its members to lead a community life based on the regulations approved by legitimate Superiors in the name of the Church. All religious communities have in common the purpose of striving for perfection by observing the rules or Constitution, and regulations or customs approved by the General Council and the Sacred Congregation of Religious. These Constitutions are the best guidance for religious life. They are explicit in laying down certain principles which are intended as a means to preserve the spirit of religious discipline and by following these regulations, our labors are converted into the prayerful service of God.

Sisters, you have made your vows to God and not to a Superior. Therefore, these vows should be kept for love of God, your Divine Spouse. Difficulties of convent life can be traced to circumstances that arise through weakness of human nature, but mutual goodwill, peace and harmony will smooth over many difficulties or disagreeable situations. Piety based on the principles of faith will help you perform many deeds of sacrifice. God may call one Sister to serve Him by work, another by suffering, another by trials both interior and exterior. If you could only realize this is God's Holy Will and for your own good, and be submissive, you will find He will lighten your burdens, console you in trials, protect you in danger and offer you help in the hour of need. To be devoted to our religious life is to faithfully perform our religious duties through prayer and sacrifice. Our own happiness interests us, because when we are happy in religious life, we feel united to God, we feel His grace working within us. A Sister devoted to her Spouse is always ready to do His will. If things are painful, they are sweetened by His love. Thus we ought to bear in mind that God's grace is the only source of our strength and this will increase in proportion to our faithfulness to Him.

We must forget our own interests and seek God alone. He commands us to love Him with all our heart, with all our soul, with all our strength. Therefore, the more we love God, the more we will confide in Him and the happier we will be.

Love of our neighbor is a love of obligation. It should be a love full of kindness, always trying to help others by use of your time, your talents, your affections, and all that characterizes true charity; because it is the bond of perfection by which the weakness of human nature is absorbed, and the tie that holds us together in unity as religious. Charity can raise us to lofty heights by its evidence of doing good to others. In this we can imitate Christ's charity. He taught us that the essence of Christianity is to be found in selfless service bestowed on others through graciousness and courtesy, by being kind and loving to others in word and act. Sometimes we need only to add a smile to the word we speak to prove our gentleness. Human prudence should make us realize that it is easier and more profitable to bear with

others than to expect them to change or alter their habits for us. If Christ is to dominate in us, we must foster charity so our souls will be attuned to the spiritual good of those with whom we live. Bearing one another's burdens is difficult, but this victory can be won by patience.

The reason we find love of our neighbor so hard is because it is easier to find fault with him and notice all his failings. But the more experience we have in human contacts, the easier it is to love our neighbor, because we can overlook human peculiarities. Good principles and justice must be evident in all our relations with others, modeling our lives on the earthly life of Christ, by making charity our aim, because it is the link of perfection in religious life.

The great principles governing our lives are characterized by the aspirations of the soul to please God, as we are wholly dependent on Him. Therefore, this truth leads us to pray for spiritual help. Our Lord said, "Come to Me all ye that labor and are burdened, and I will refresh you." Prayer reveals to you God's kindness, His tenderness, His consideration, His compassion, His patience, His goodness. His lovable character shines forth in all the acts of His life. He promised you when you made your vows that you would have a hundredfold here in this life, and life everlasting. Why then should you fear when things look discouraging? God wants us to trust Him in our trials and our anxieties. We are passing over the sea of time to the shore of eternity, but we are not going alone--God's presence is with us; His grace helps to strengthen and protect us. So have confidence and ask Him for every grace you need for your salvation and sanctification, and also for spiritual and temporal blessings for yourself and for others. The principal cause of want of confidence is forgetfulness of His Divine power and our own weakness. But God is always waiting in our tabernacles to encourage us with His mercy. He understands our human nature and our limitations. Yet this Divine gift of mercy is ours for the asking. How can we show our gratitude to Him in a practical way? We can do this by being good religious, by accepting the trials of religious life cheerfully. Christ said, "He that taketh not up his cross and followeth Me is not worthy of Me."

Therefore, the golden key that unlocks the door to happiness in our religious life is the faithful observance of our Constitution, our charity to others and our trust in God's mercy.

God bless you all, Sisters.

Mother Carmelita Manning
Mercy College - Detroit

Letter reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center (Sister Mary Carmelita, personal communication, June 25, 1945; Sisters of Mercy of the Americas, 2014, Box 202-26).

Appendix QQ: 1952 Poliomyelitis Statistics

1952

TOTAL NUMBER OF POLIOMYELITIS CASES
REPORTED TO THE SIOUX CITY HEALTH DEPARTMENT
JANUARY 1, 1952 to DECEMBER 31, 1952 ----- 923

TOTAL NUMBER OF POLIOMYELITIS DEATHS
REPORTED TO THE SIOUX CITY HEALTH DEPARTMENT ----- 53

REPORTS BY LOCATION: CASES DEATHS

Sioux City Residents	278	21
Rural Woodbury County Patients	81	5

CASE REPORTS: Male 485
Female 438

CASE REPORT BY MONTHS

1952	City Res.	Rural County	Non-Res. Deaths	Total Cases
Jan.)				
Feb.)	0	0	0	0
March)				
April)				
May	1	0	0	1
June	15	7	28	50
July	123	34	137	294
Aug.	71	27	227	325
Sept.	45	11	114	170
Oct.	18	2	49	69
Nov.	3	0	8	11
Dec.	2	0	1	3
TOTAL-	278	81	564	923

Cases brought to Sioux City for hospitalization from 19 Iowa Counties:

County	Cases	Deaths
Monroe	73	5
Plymouth	42	5
Sioux	37	4
Cherokee	37	3
Ida	36	1
Clay	28	1
O'Brien	25	1
Crawford	22	0
Buena Vista	16	1
Sac	10	1
Oceola	10	0
Lyon	7	0
Emmet	6	0
Harrison	3	0
Dickinson	4	0
Palo Alto	3	0
Carroll	1	0
Floyd	1	0
Kossuth	1	0
(372) (10)-372	19	

PLACES OF HOSPITALIZATION:

St. Joseph's Mercy Hospital.....	738
St. Vincent's Hospital.....	129
Cases given care in home.....	53
Methodist(1); Lutheran(1).....	3

53 DEATHS -- REPORT BY MONTHS

1952	City Res.	Rural County	Non-Res. Deaths	Total Deaths
June	1	0	2	3
July	10	2	4	16
Aug.	3	2	9	14
Sept.	4	1	6	11
Oct.	2	0	4	6
Nov.	1	0	2	3
TOTAL -	21	5	27	53

AGES OF PATIENTS: CASES DEATHS
(10 days to 64 years)

Age Group	Cases	Deaths
Under one year...	32	1
One to 4 years...	204	6
5 to 12 years....	278	15
Over 12 years....	429	31

(One death not included in above report-South Sioux City, Nebr. resident hospitalized in Sioux City - Died at home, South Sioux City, Nebr. 10-11-52.)

- 6 -

(McHugh, Brussels, & McHale, 1962, p. 6)

Appendix RR: St. Joseph Mercy Hospital's Spinal Punctures 1952 Report

(Appendix continued on next page.)

POLIO EPIDEMIC * * 1952

SPINAL PUNCTURES

JUNE - 1952		JULY - 1952	
Date	No.	Date	No.
10	2	1	3
11	1	2	6
12	3	3	5
13	3	4	5
14	1	5	5
15	0	6	7
16	1	7	2
17	3	8	6
18	4	9	7
19	2	10	4
20	6	11	10
21	5	12	6
22	3	13	11
23	3	14	10
24	3	15	13
25	3	16	9
26	2	17	8
27	3	18	4
28	5	19	14
29	4	20	8
30	3	21	15
		22	7
		23	7
		24	8
		25	10
		26	9
		27	13
		28	11
		29	16
		30	12
		31	19
Total	57	Total	271

POLIO EPIDEMIC • • 1952							
SPINAL PUNCTURES				SEPTEMBER - 1952			
AUGUST - 1952							
Date	No.			Date	No.		
1	7			1	3		
2	7			2	5		
3	8			3	3		
4	8			4	9		
5	8			5	7		
6	9			6	5		
7	10			7	10		
8	9			8	10		
9	12			9	4		
10	8			10	7		
11	12			11	9		
12	8			12	4		
13	3			13	9		
14	8			14	3		
15	3			15	3		
16	9			16	4		
17	1			17	2		
18	6			18	2		
19	10			19	1		
20	6			20	0		
21	3			21	1		
22	7			22	3		
23	7			23	3		
24	6			24	3		
25	3			25	2		
26	5			26	2		
27	3			27	3		
28	5			28	2		
29	14			29	1		
30	6			30	1		
31	0						
Total	258			Total	124		

St. Joseph Mercy Hospital's tallied the spinal punctures from June to September 1952.

Copy of report reprinted with permission from Mercy Medical Center-Sioux City.

Appendix SS: The 1952 Polio Foundation Award

FOR IOWA'S HEALTH
IOWA STATE DEPARTMENT OF HEALTH

WALTER L. BISHOP, M.D.
WILLIAM S. BEASLEY, JR.
COMMISSIONER GOVERNOR

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Governor Calls TV Conference

Whether educational and public services television in Iowa will ever extend beyond the limits of WOIT-TV will be decided by the people of Iowa and their representatives between now and July 1, 1953.

On December 16, Governor Beasley called a conference on Educational Television in the house chambers of the state house. The Iowa Joint Committee on Educational Television, which is composed of the State Department of Public Instruction, the State Board of Education, and representatives of Iowa State Teachers College, the State University of Iowa, and Iowa State College, have studied the range of the educational television potential in Iowa—the need for it, its utility to public schools, to the colleges and universities, and its potential service to the public.

Twelve Channels in Iowa

The ICJET reported to the conference that the Federal Communications Commission has reserved one tenth of the nation's TV channels for educational purposes. Twelve of these are in Iowa. WOIT-TV is now the only educationally owned and operated TV station in the nation, but it will not be so for long.

Response in other states for educational television has been great. In Wisconsin, for instance, a citizens committee of representatives of every major agricultural, labor, business and educational interest, has spontaneously emerged for the purpose of making use of the opportunities set forth by the FCC in regard to educational TV.

Not Confined To Schools

In defining educational television the ICJET emphasizes the fact that educational TV will not be confined to schools and colleges. Also, it will act as a complement to commercial television, not a competitor of it.

The needs for educational TV, as the ICJET sees it, are in public school programs, adult education programs, and general public service programs. Health

TV CONFERENCE
(Continued on page 2)

Woodbury County Medical Society Receives Polio Foundation Award

The Woodbury County Medical Society received a certificate of commendation from the National Foundation for Infantile Paralysis, December 10, in Sioux City, for its work in the testing of gamma globulin as a check against polio last summer. The certificate was presented to Dr. A. Q. Johnson, left, president of the county medical society, by Basil O'Connor, president of the National Foundation for Infantile Paralysis.

Dr. Johnson called the plan "the most unique piece of research ever attempted" with a "great" organization capable of testing children and elaborate enough to follow through and interpret the results. He said the medical society voted unanimously to back the project.

He praised the chamber of commerce, city council, press and radio, nurses, volunteer citizens, doctors and enlisted men from the airforce base at Sioux City, the wholesale and retail druggists, hospitals, and parents of nearly 16,000 children in Woodbury and Dakota counties for their cooperation in the testing.

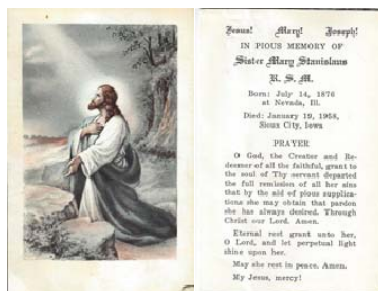
Test In Utah

The gamma globulin field trials were conducted during epidemics of poliomyelitis in Utah in the summer of 1951 and in Iowa and Texas last summer. The trials involved 24,772 children in all, aged one to eleven years. Half of them received control injections of ineffective polio while the other half were inoculated with gamma globulin.

The results of the human trials, made possible by March of Dimes funds from the National Foundation, revealed that the greatest degree of protection against polio occurred from the second through the fifth week after inoculation. The reports of the trials were published in the October 25, 1952 issue of the Journal of the American Medical Association.

(Woodbury County Medical Society Receives Polio Foundation Award, 1952)

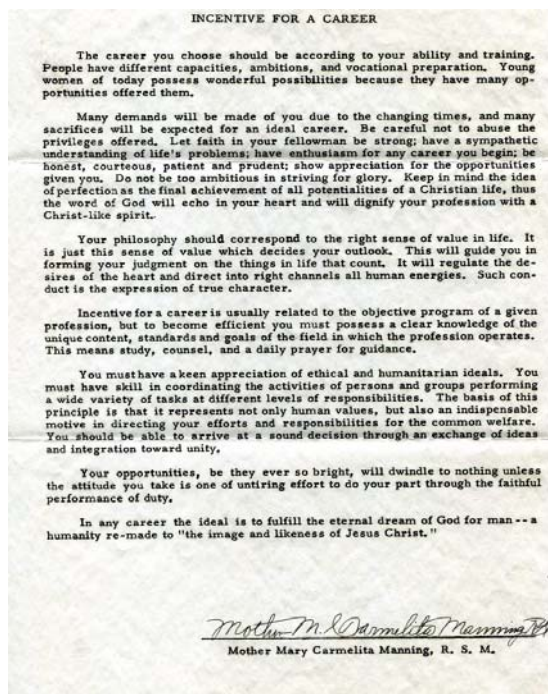
Appendix TT: Sister Mary Stanislaus Memorial Card



At Sister Mary Stanislaus' memorial service, cards were distributed for attendants.

Memorial card reprinted with permission from Trinity Heights' St. Joseph Center/Museum.

Appendix UU: *Incentive for a Career* by Mother Mary Carmelita



(Manning, 1955)

Speech reprinted with permission from Sisters of Mercy of the Americas, Mercy Heritage Center (Sisters of Mercy of the Americas, 2014, Box 202-26).

Appendix VV: Careful Nursing Analysis Table

Religious Sisters of Mercy	St. Joseph Mercy School of Nursing Student	Mercy Nurse
<u>true charity</u>	<u>true charity</u>	<u>true charity</u>
accept trials cheerfully	appreciation for the opportunities given	adept practitioners in the professional
aid the sick	<u>attitude reflection of effort</u>	adequate supply of wholesome and nutritious
appreciation for the opportunities given	attitudes necessary for professional nursing	appreciation for the opportunities given
<u>attitude reflection of effort</u>	attitudes requisite to the care of the whole	<u>attitude reflection of effort</u>
attitudes requisite to the care of the whole	person—body, mind and spirit	attitudes requisite to the care of the whole
person—body, mind and spirit	avoid abuse of privileges offered	person—body, mind and spirit
avoid abuse of privileges offered	correct principles of life	avoid abuse of privileges offered
be gracious	efficiency	best of care
be loving to others in act	<u>enthusiasm for career started</u>	careful
be loving to others in word	excellence in professional performance	competent in modern nursing techniques
being kind	<u>exchange of ideas</u>	concerned with the health education
climate of service—a milieu	faith in God	<u>cooperation</u>
continuous discourse	faith in others	effective professional attention
<u>cooperation</u>	give service	efficiency
Dedicated to alleviating suffering	goals of the field	<u>enthusiasm for career started</u>
dedication in service	ideals as a Mercy nurse	<u>exchange of ideas</u>
do good	incentive for a career	expert care
doing good	integration toward unity	faith in others
duty well done	interprets needs	goals of the field
efficiency	interprets suffering	good nursing
<u>enthusiasm for career started</u>	keen appreciation of ethical ideals	good staff organization
<u>exchange of ideas</u>	keen appreciation of humanitarian ideals	<u>help needed from others</u>
faith in others	need to be prudent	ideals as a Mercy nurse
freedom in service	need to be courteous	incentive for a career
give comfort and support for their	need to be honest	integration toward unity
goals of the field	not too ambitious	keen appreciation of ethical ideals
good principles	<u>operates by means of studying, counseling,</u>	keen appreciation of humanitarian ideals
harmony	and a daily prayer for guidance	Loyalty
help needed from others	patience	maintaining the best institutional
help others	perfect new techniques in medicine and	methodical
ideals as a Mercy nurse	please others	need to be prudent
incentive for a career	professional knowledge	need to be courteous
integration toward unity	real values	need to be honest
justice in all relations with others	responsibility for the common welfare	not too ambitious
keen appreciation of ethical ideals	sacrifices	order
keen appreciation of humanitarian ideals	<u>selfless service</u>	preservation in the family and community
lead a community	<u>skill in coordinating activities of people and</u>	professional knowledge
love a neighbor	<u>skills necessary for professional nursing.</u>	proficient in their respective times
love full of kindness	spiritual values	promptness
modeling one's life	<u>standards as a Mercy nurse</u>	quiet
mutual good will	stimulating a desire for further professional	responsibility for the common welfare
need to be prudent	study in the various advance fields of nursing	sacrifices
need to be courteous	strengthen human relation skills	sense of responsibility
need to be honest	strong Christian character	<u>skill in coordinating activities of people and</u>
not too ambitious	sympathetic understanding of life's problems	<u>skills necessary for professional nursing.</u>
<u>operates by means of studying, counseling,</u>	sympathetic understanding of life's problems	<u>standards as a Mercy nurse</u>
and a daily prayer for guidance	willing to stand in the background	<u>sympathetic understanding of life's problems</u>
overlook human peculiarities	worship in accordance of her own conscience	
own happiness		
<u>patience</u>		
peace		
piety		
pray for spiritual help		
principles characterized by the aspirations		
<u>professional knowledge</u>		
promoting the right care of patients		
responsibility for the common welfare		
sacrifices		
<u>selfless service</u>		
service-love of God		
<u>skill in coordinating activities of people and</u>		
<u>skills necessary for professional nursing.</u>		
<u>standards as a Mercy nurse</u>		
<u>sympathetic understanding of life's problems</u>		
willingness to bear another's burden		

Key: Underlined Once: Shared by All; Underlined Twice: Shared by Two

Appendix WW: Careful Nursing Analysis Spectrum Table

RSM/Student/Mercy Nurse	RSM	Student	Mercy Nurse	RSM/Mercy Nurse	RSM/Student
true charity	aid the sick	best of care	adept practitioners in the professional nursing of their time	cooperation	operates by means of studying, counseling, and a daily prayer for patience
appreciation for the opportunities given	be gracious	excellence in professional performance	careful	help needed from	selfless service
attitude reflection of effort	mutual good will	willing to stand in the background			
attitudes requisite to the care of the whole person—body, mind and avoid abuse of privileges offered	be loving to others in act love full of kindness	faith in God strong Christian character	competent in modern nursing techniques concerned with the health education		
efficiency	being kind	give service	effective professional attention		
enthusiasm for career started	being kind	interprets needs	expert care		
exchange of ideas	climate of service-a milieu continuous discourse	interprets suffering	good nursing		
faith in others	dedicated to alleviating suffering	Loyalty	maintaining the best institutional		
goals of the field		methodical			
ideals as a Mercy nurse	dedication in service	order			
incentive for a career	do good	perfect new techniques in medicine and nursing skills			
integration toward unity	doing good	please others			
keen appreciation of ethical ideals	duty well done	preservation in the family and community			
keen appreciation of humanitarian ideals	freedom in service	proficient in their respective times			
need to be courteous	give comfort and support for their sisterhood	promptness			
need to be honest	good principles	quiet			
not too ambitious	good principles	worship in accordance of her own conscience			
professional knowledge	overview human harmony	real values			
prudence	help others	sense of responsibility			
responsibility for the common welfare	justice in all relations with others	spiritual values			
sacrifices	lead a community	stimulating a desire for further professional study			
skill in coordinating activities of people and groups	modeling one's life	in the various advance fields of nursing			
skills necessary for professional nursing service	love a neighbor	sympathetic understanding of life's problems			
sympathetic understanding of life's problems	accept trials cheerfully	strengthen human relation skills			
	own happiness	attitudes necessary for professional nursing			
	peace				
	piety				
	pray for spiritual help				
	principles characterized by the aspirations of the soul				
	promoting the right care of patients				
	service-love of God				
	willingness to bear another's burden				